


Summer 1974

Jefferson Alumni Bulletin – Volume XXIII, Number 4 Summer 1974

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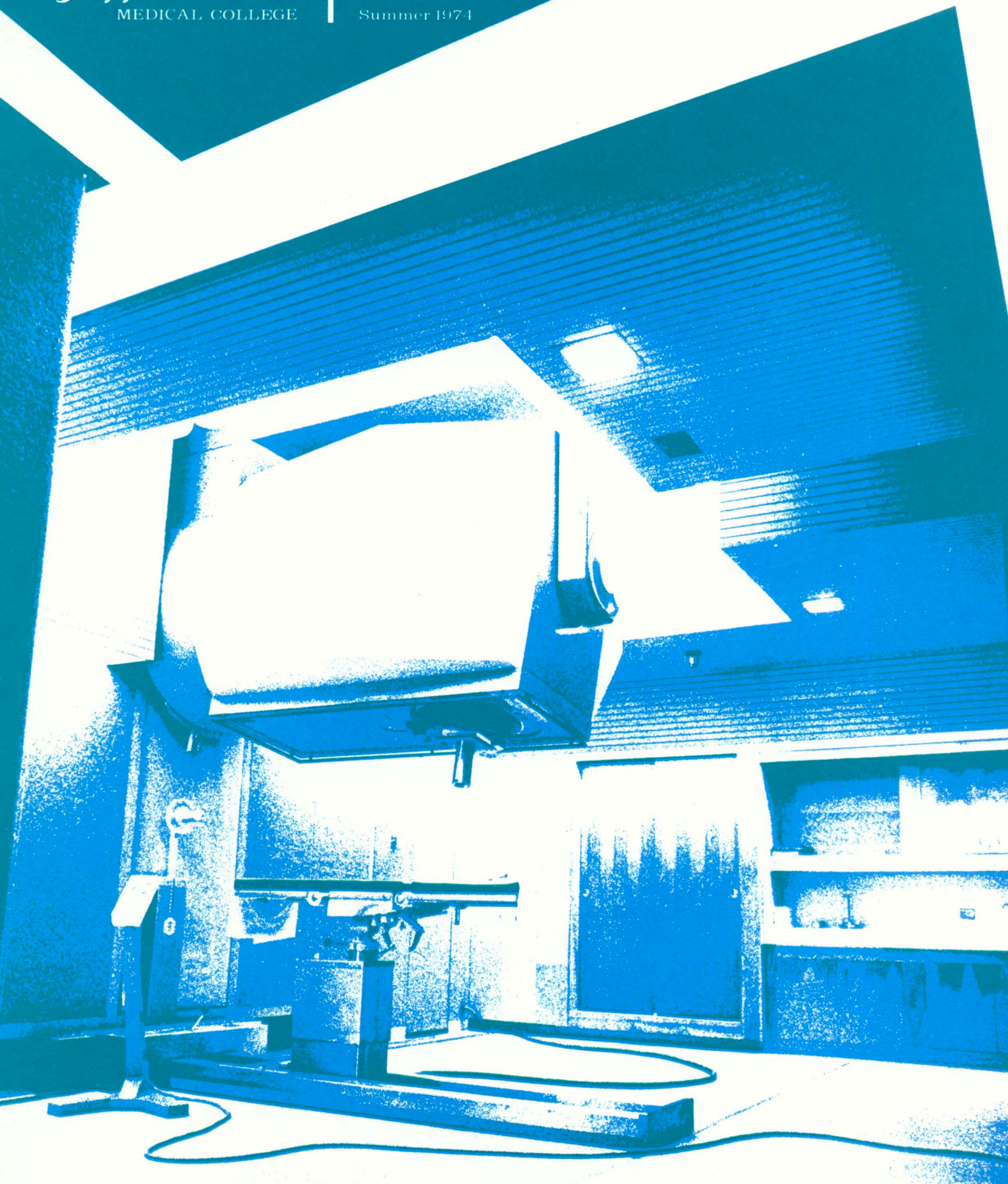
V23#4

Jefferson

MEDICAL COLLEGE

ALUMNI
BULLETIN

Summer 1974



commentary

Jefferson Revisited

by William F. Kellow, M.D.

Dean and Vice President of Jefferson Medical College

A return visit to Jefferson provides you with an opportunity to assess the way in which your College is being managed. This is important to us who are here at Jefferson because you are an observer who has a deep interest in this Medical School, and yet you are in a position to be objective. Those of us who are on the scene are buffeted by a number of conflicting forces, and at times these can impair our objectivity.

At the outset, I would like to assure you that the first purpose of Jefferson Medical College has not changed. We are here to educate America's finest young physicians and to prepare them to practice medicine in the 1980s and in the 1990s. The key to our purpose, however, is to look to the future and to learn from the past. Often this is difficult to do because all of us tend to think of medical practice as we have known it, and yet we are very aware that the medical scene is changing so rapidly that the students of today will be practicing in a very different manner in 1990 from the one to which we are accustomed.

One of our great challenges, therefore, is to ask ourselves what tomorrow will require. The faculty at Jefferson has given much thought to this question, and yet we are never secure in our answer because the future is so difficult to foresee. There are a number of factors evident, however, and we have used these as our guidelines for developing a new curriculum at Jefferson.

This curriculum is based on a sound understanding of the basic medical sciences, a search for the mechanisms of disease as well as their outward manifestations, and a command of therapy. The field of treatment embraces drug therapy, surgical therapy, physical therapy and a genuine attempt to recapture the art of medicine.

I speak of the recapture of the art of medicine because I think it is evident that we have failed to give adequate stress to the total needs of sick people. The young physicians who have graduated from America's medical schools in recent years have been prepared well in the areas of medical diagnosis and treatment, but often they seem to overlook the impact of an illness on a patient's family, his business and even his community. Our current curriculum is intended to emphasize these factors and to make students aware of the agencies which are available to help patients during periods of sickness. We feel that our students should not plan to practice medicine in isolation, but should be prepared to share medical responsibilities with nurses who are trained to act as their assistants, with physical therapists, with medical social workers, with pharmacists and with other health workers who will be skilled to provide help to patients beyond the medical illness itself.

These are big undertakings, and in order to accomplish them, Jefferson is placing new stress on medicine for the family unit. We have adopted the concept of the family physician and have established a separate department for this discipline. The Alumni Association has encouraged and helped us in this

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Dean Kellow presented these remarks to guests at the luncheon following the Reunion Clinics on June 5.

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Radiation Therapy: Improving the Prognosis

Jefferson's new facilities and interdisciplinary coordination permit a new approach to radiation therapy.

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On the Cover:

Jefferson's new Brown-Boveri betatron. The betatron is the core of Jefferson's new radiation therapy center (see page 2). Original photograph by Townsend Wentz.



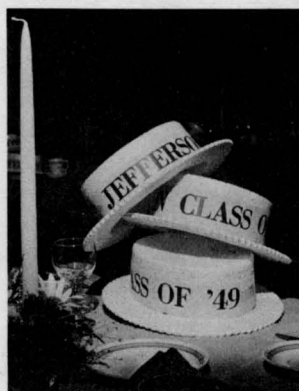
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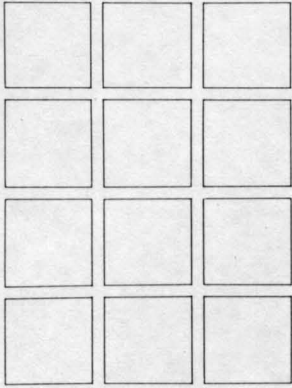
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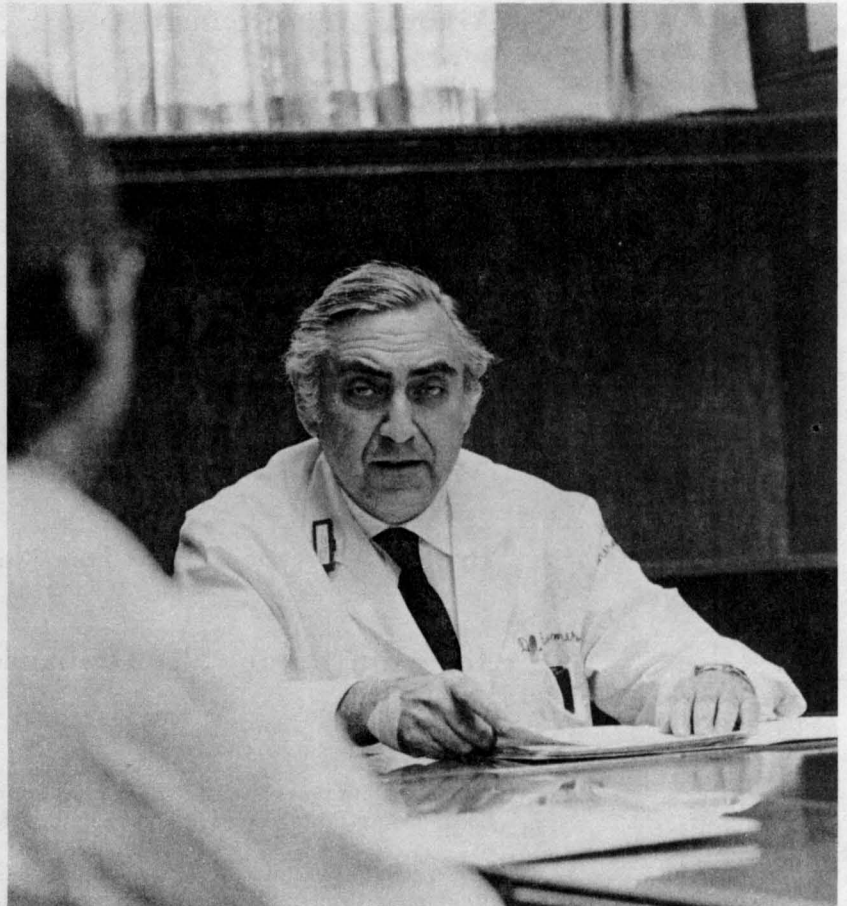
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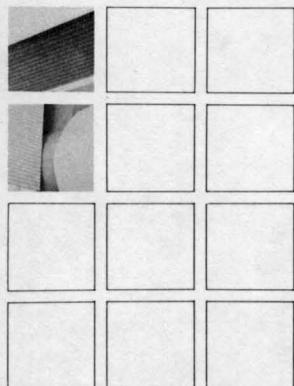
RADIATION THERAPY

Improving the Prognosis

by Simon Kramer, M.D.



Dr. Kramer



The dedication ceremonies for Jefferson's new Radiation Therapy Center, which took place on Wednesday, May 22nd of this year, marked the culmination of a period of steady, intensive growth in the role of radiation therapy at Thomas Jefferson University Hospital.

A Division of Radiation Therapy in the Department of Radiology was created in April of 1956, when Dr. J. P. Concannon and I joined the staff of Jefferson Medical College. It consisted of two physicians, a technologist and a secretary. Two tiny rooms, one in Thompson Annex and one in the Curtis Clinic, represented the total physical facility. A prolonged search for some space for the new division produced an area consisting of a disused laundry in the basement of the Main Building and similarly disused space (the old sterilizing room) two

Dr. Simon Kramer was appointed to the Jefferson staff in September, 1955 as an Associate Professor of Radiology. He became a full Professor in 1960 and assumed Chairmanship of the Department of Radiation Therapy and Nuclear Medicine in 1969.

floors above it. It took a year and \$300,000 to refurbish the space, install the first cobalt unit and two 250 kv X-ray units, and start working.

Now, some 8000 patients later, the Department of Radiation Therapy and Nuclear Medicine occupies 14,000 square feet in the basement of the Main Building—space which has been completely renovated and equipped through funds from the National Cancer Institute and the University. Our staff now includes six full-time radiation therapists and nuclear medicine specialists, as well as medical physicists, a radiation biologist, computer specialists, dosimetrists, a social worker, and supporting technical and administrative staff.

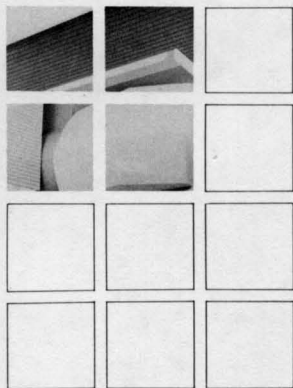
This evolution of a small departmental division with limited personnel, space and equipment into a modern, fully equipped and well-staffed Radiation Therapy Center reflects, to a large degree, the dramatic changes that are taking place in radiation therapy in general, as a result of scientific and technical advances and new organizational patterns. It also reflects recognition on the part of our University of the importance of the management of cancer, both from the point of view of delivery of health care to patients with cancer and from the point of view of the training of medical students and residents in one of the major areas of cancer management.

Even today the public—and some physicians—fail to recognize that radiation therapy can, and does, cure cancer and allows patients to return to normal and useful lives. About one third of all patients referred to our department fall into this category. Others, beyond cure when first seen, are relieved of their symptoms and can live out their remaining months and years in greater comfort.

During the next ten years, from 1957 to 1967, the number of patients treated annually by radiation therapy

more than doubled, and the number of patients in nuclear medicine increased in an even more dramatic fashion. Meanwhile, lack of space and adequate staff imposed severe limitations on our ability to provide the best possible treatment for our patients and at the same time expand our efforts in clinical and experimental research and enrich our training program. Consequently, in 1967 we applied for, and received, a grant from the National Cancer Institute for a two-year exploratory study to plan for the building of a Radiation Therapy Center here, to be used in the interim before the building of Jefferson's projected new hospital complex.

About this time our University recognized the need for radiation therapy and nuclear medicine to exist as a separate department; and with the help of Dr. Philip Hodes, Chairman of the Department of Radiology, on July 1, 1969, our present department emerged as a separate entity, both as an academic department in the Medical College, and as a department in the hospital. In September 1969 we were awarded a five-year operational grant of over \$2 million from the National Cancer Institute to establish and operate the Radiation Therapy Research and Clinical Center. This grant was awarded on the basis of the findings of the preceding exploratory study, which led to the recommendation that an interim radiation therapy center be developed within Jefferson's present facility, even though the insti-



tution planned to construct a new hospital in approximately eight years.

With the inception of the Center grant and the establishment of a separate department, it became necessary to expand our staff so as to establish a well-balanced group with expertise not only in clinical management and research, but also in the areas of medical physics, nuclear medicine, and experimental radiation therapy. Our present staff represents such a group. Professor Martha Southard is in charge of the clinical radiation therapy division. Professors Carl M. Mansfield, George F. Zininger, and Paul A. DeMare, and Dr. Ralph Dobelbower, are also very active in this division. They also participate in many other functions of the department; for example, Professor Mansfield is Chief of the Division of Nuclear Medicine, in which he is ably assisted by Professor Chan H. Park. Professor Nagalingam Suntharalingam is in charge of all medical physics activities in the department. Nine residents in training also assist in our work.

Professor Dennis B. Leeper, a radiation biologist, is engaged full-time in experimental radiation therapy. This work in basic research has been conducted in the Stein Research Building; now that the construction of the Center is completed, it will be extended into the Center facilities as

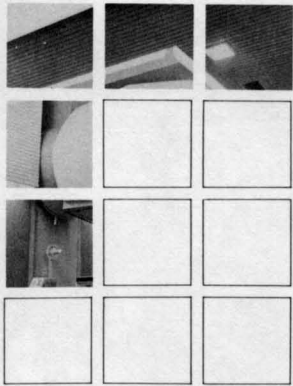
well. One of the advantages of our new expanded facility is that it allows us to bring into close physical proximity our clinical, radiation physics, nuclear medicine, and basic research efforts.

The creation of the Center, then, allows us to grow in many areas. The most apparent, of course, is the clinical area. With the additional space, equipment, and staff, we can now offer better service—in both the variety and quality of treatment and the number of patients that can be treated. Our comprehensive assortment of modern radiation equipment ranges from superficial X-ray units to a 45-MeV Brown-Boveri betatron and includes a 4-MV linear accelerator and two cobalt-60 units. In conjunction with this equipment, we have an ultrasonic scanner, two simulators, and a computer which are used in treatment planning.

The new betatron provides nearly ten times the energy of conventional supervoltage equipment and offers unsurpassed precision. Its electron beam can be directed to any level within the body more easily than the X- and gamma-rays produced by standard radiation therapy equipment. Because of its deeper penetrating ability, the betatron can be used to treat hard-to-reach tumors, such as those of the abdomen and pelvis. The greater control offered by the electron beam can also be used to limit penetration, as for treatment of the chest wall after removal of a cancerous breast and in other cases where deep penetration is undesirable because underlying normal organs might be damaged.

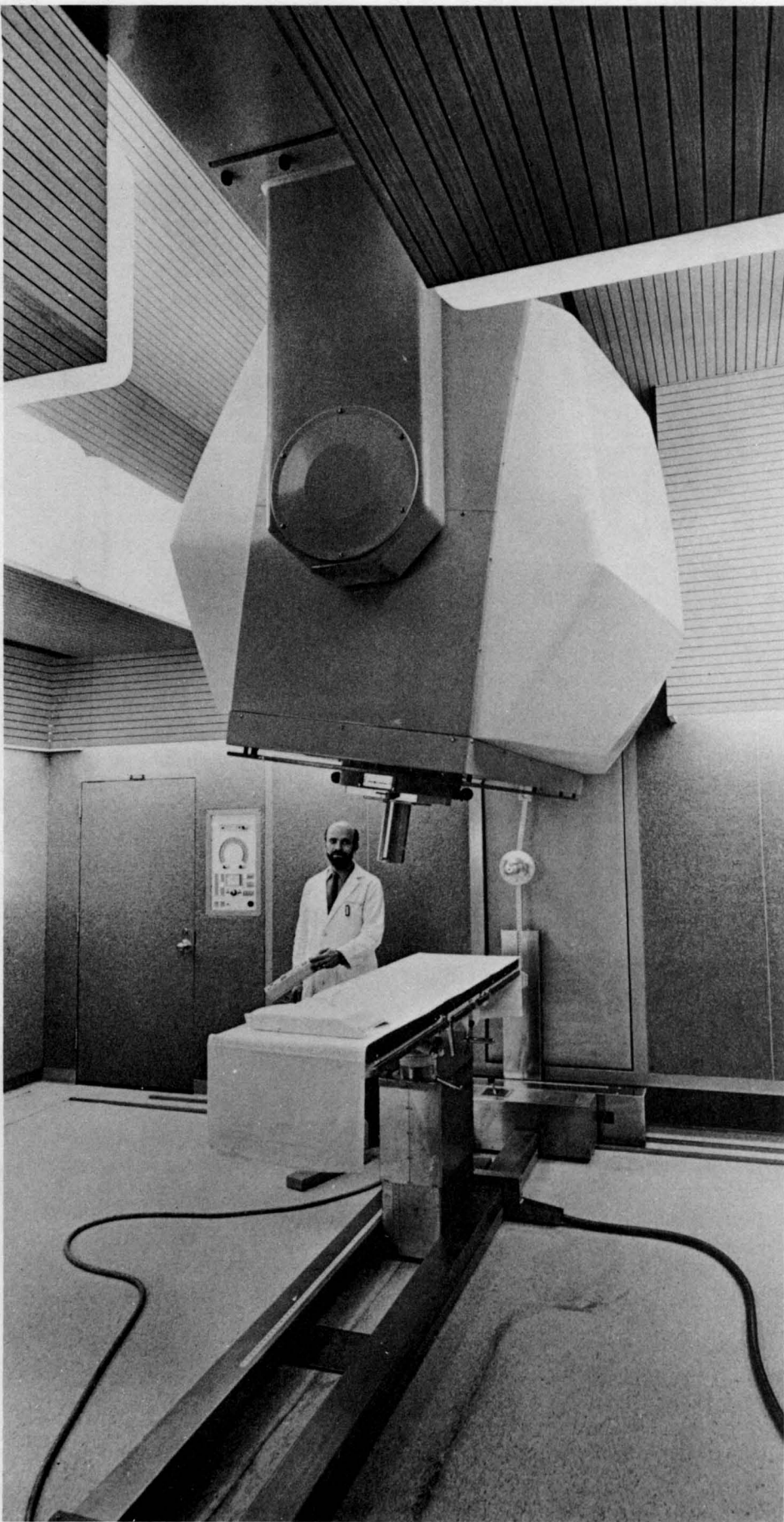
The value of this powerful instrument, as well as that of our other equipment, is, of course, directly related to the expertise of our staff. They, in turn, are given essential support by a treatment-planning team made up of medical physicists, dosimetrists and a radiographic technician. This team plans the details of each patient's course of treatment, to ascertain that he receives the proper dosage of radiation in the manner prescribed by the radiation therapist. A group of experienced and devoted technologists are directly responsible for performing the treatment.

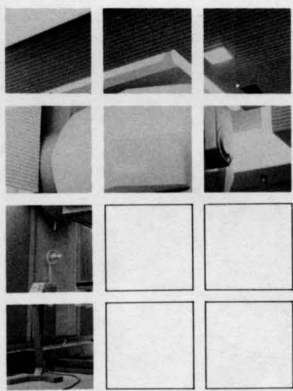
Although, naturally, much time is consumed by the management of patients by radiation therapy, our department has put particular emphasis on collaborative interdisciplinary efforts. Joint clinics have been established in many areas over the past few years. We hold joint weekly clinics with the Division of Medical Oncology where patients requiring decisions in management by radiation therapy and/or chemotherapy are seen jointly. A collaborative effort between gynecologists and radiation therapists has existed at Jefferson for many years and is now very active, with two joint weekly clinics and a weekly conference being held. A cooperative effort with head and neck surgeons has also existed for many years.



Our department has been deeply involved in the Pain Clinic held weekly to discuss problems of pain in cancer patients. The various departments participating in this combined effort toward total patient care include Anesthesia, Surgery, Medical Oncology, Rehabilitation Medicine, Psychiatry, Social Work, Neurology, Neurosurgery, Orthopaedic Surgery and Radiation Therapy. A weekly tumor clinic is held under the joint direction of the Departments of Medical Oncology, Surgery and Radiation Therapy. In addition, we have recently established a joint clinic with the Department of Physical Medicine and Rehabilitation directed toward the rehabilitation problems of the cancer patient.

Clinical research constitutes an important part of our Center's efforts. Since our clinical activities are directed almost exclusively toward the treatment of cancer, it becomes impossible to draw a line between clinical service and research. Service, of course, is rendered to patients who are being treated for their malignant disease, but at the same time each patient entering the Center for diagnosis, management decision, management and after-care, is also a subject of research. Such patients may form part of an inhouse investigation, or they are entered into national proto-





cols; and all of them contribute to our corpus of knowledge as to optimal management for their particular type of cancer and the identification of problems specific to radiation therapy.

Along this line, our department has been actively engaged in the national clinical trials being conducted by the Radiation Therapy Oncology Group—a group of forty-one university-affiliated radiation therapy departments. The group's operational headquarters are located here at Jefferson in the Health Sciences Building.

We have made an effort to establish our Center as a "Conjoint Radiation Oncology Center" so that we can extend the benefits of good radiation therapy beyond our own walls, to a much greater population. Thus we provide computer facilities for treatment planning, and when necessary actual treatment planning procedures, for other area hospitals, and we participate in consultations and tumor boards in some of these other hospitals. At present we have established this type of relationship with the American Oncologic Hospital, the Mercy Catholic Medical Center and the Daroff Division of the Albert Einstein Medical Center, and we hope to extend our efforts to include other hospitals.

A good deal of our efforts in the

past decade has gone toward education in cancer management directed to the medical students, house staff, and physicians in specialist training. Our efforts have been supported by a training grant from the National Cancer Institute since 1959 and continue to be so supported. Sixteen residents have completed their training during this time, and three new residents enter the program each year for a period of three years. The aim of this program is to develop a full understanding in our residents of all aspects of oncology as well as training them to become expert radiation therapists. The training of medical students is, again, directed toward an understanding of the biology of cancer and the management decisions needed in the treatment of this disease. The department participates in core curriculum activities, offers electives throughout the year, and in conjunction with other departments offers summer electives to all medical students. In addition, post-doctoral training is offered in radiation biology and medical physics.

Medical physics is an important aspect of our activities, and we have a wide selection of dose-measuring equipment which can be interfaced with our new PDP-11 computer facility. The goal of our joint medical physics-clinical investigation, under the direction of Professor Suntharalingam, is to develop guidelines for the optimum use of the ultra-high energies produced by our therapy equipment in the management of patients with cancer at different sites.

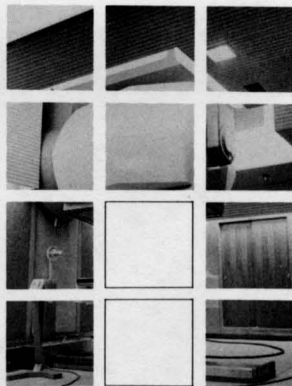
Our Nuclear Medicine Division is very active, performing about 5000 tests annually, over two thirds of them being directly related to cancer diagnosis. Our research in nuclear medicine is directed toward the development of useful tumor-seeking

labeled compounds for use in diagnosis and treatment. Another facet of nuclear medicine research is the development of techniques to measure radiation-induced morbidity at sub-clinical levels *in vivo*.

As mentioned earlier, basic research laboratories are an essential part of our Center. Our efforts in this area are, in part, directed toward problems generated in the clinical field. Of prime interest to us is the modification of the response to irradiation in normal and cancerous tissues both *in vitro* and *in vivo*. Laboratory findings could provide a rational basis for fractionation and dose decisions in clinical radiation therapy.

The thread running throughout the work of our department is interdisciplinary effort. Within the department, the constant and free exchange between workers engaged in clinical work, biophysics and basic research leads to higher quality and innovative approach to problems. Beyond the department every effort is made to encourage collaborative endeavors with clinical and basic scientists to bring specialized expertise to bear on the cancer problem.

We are proud of our newly inaugurated Center, and look forward to a future of even greater growth and better service to our patients. The use of high energy linear transfer equipment promises an expanding future for radiation therapy in general, and we hope to make use of such equipment here at Jefferson in our Radiation Therapy Center of the future.



Building a Multidisciplinary Approach to Cancer

by J. Palmer Saunders, Ph.D.

Historically in the United States fundamental biomedical research relevant to the question of cancer and applied clinical cancer research activities have not generally operated on a cooperative basis with the interchange that is so essential, except in a relatively few well-organized cancer research institutions which possessed their own specialized cancer hospitals. For the most part such activities operated outside of the traditional, university medical school environment. This separation of the bulk of cancer clinical research activities from the environment in which the nation's

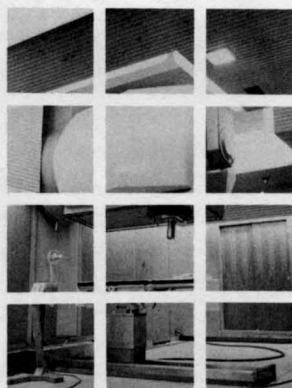
doctors received their training tended to diminish the extent of applied cancer research and teaching in the medical school departments. Consequently, it was quite possible some years ago for a medical student to enter medical school, pursue his training, do his internship and residency and go out into the world to practice medicine with little knowledge of cancer except that which he saw through the eyes of the pathologist. He came to see cancer as a terminal disease—invariably fatal. This, some felt, produced a psychological scar that he carried with him throughout his professional life.

Of what significance is this to the struggle against cancer? Simply this—the first recognition of cancer in the cancer patient is by and large in the hands of the patient's first contact—the family physician, the neighborhood doctor or the practitioner in the community health center. Since this practitioner was graduated through the process I just described, we can

see that he was rarely equipped with the knowledge to handle cancer. By the time he was able to recognize it, it had assumed the malignant and advanced form which he had learned to recognize through the pathologist's eyes. If the case ever got referred to a university hospital it quickly became a terminal case—one more example of the invariably fatal prognostic cases to serve as a hopeless lesson to the next generation of doctors. Only in those rare cases when a patient could be referred to one of the few cancer centers, was there any prospect of modern, adequate treatment.

During this time the tempo of NCI support of biomedical research throughout the country was increasing rapidly and a multitude of new and exciting ideas were surfacing in both the nation's university laboratories and in the cancer research institutes. The necessity for rapid translation of these ideas to practical application was beginning to be appreciated. In

Dr. Saunders, who recently retired as Director of Cancer Research Resources and Centers, National Cancer Institute, gave this address at the dedication of the Radiation Therapy Center. He is now Dean of the Graduate School, University of Texas Medical Branch.



the best cancer treatment centers the number of long-term remissions was increasing and the useful lives for some cancer patients became extended. It was soon realized it was vitally important to take steps to apply these findings to all cancer sufferers and to speed up the process by which new research ideas could be introduced into the clinic.

This realization, coupled with the complexities of the various neoplastic diseases and the need for an increased understanding of the fundamental processes involved, pointed the way toward the initiation of a coordinated effort on the part of all cancer scientists, ranging from those undertaking basic research in cancer biology to research clinicians and finally to physicians responsible for the care and treatment of cancer patients. The leadership in this effort was undertaken by the National Cancer Institute with the initiation of the Cancer Clinical Research Centers Program in 1962.

This continually expanding program of grants was based on the premise that medical schools, specialized cancer facilities, practicing physicians and community medical services all must participate in an integrated program of cancer research and training. This concept was given further impetus with the passage of the

National Cancer Act of 1971 which authorized the development of new cancer centers. The objective of this section of the Act was to bring to the practice of medicine the latest cancer research developments. The new initiatives resulting from this legislation have emphasized the importance of involvement of community physicians and the responsibility for geographic balance in the establishment of a national network of comprehensive cancer centers which will have a major impact on community cancer programs. It is hoped that these centers will combine the fundamental research competence of the university and medical school with the long experience and skills of the best cancer institutes. The goal is a system which will provide to the greatest possible extent a translation of research results into regular clinical practice such that no citizen will be denied appropriate professional advice and care because of lack of facilities or knowledge.

In this connection, emphasis should be placed on the important role played by radiation therapy in our fight against cancer. It is a unique role since it has been estimated that over fifty percent of all cancer patients receive radiation therapy at some point during their illness. It is easy to see therefore that a radiation therapy center plays a vital role in cancer management in major clinical facilities throughout the country. More than that, the radiation therapist, because of his sole concern for cancer, has emerged as a true oncologist in that his concern for the patient encompasses consideration for the optimal application of all modalities of treatment. Thus, the radiation therapy center often becomes the nucleus for a larger, multidisciplinary cancer center.

The grant supported programs of the National Cancer Institute, because of their dedication to investigator initiated research and the concept of peer review by the top scientists of the academic community, have played an important, if not vital, role in the encouragement and support of radiation therapy research and training. At the present time the NCI division of grant supported programs is engaged in a vigorous effort to explore the feasibility of using high linear energy transfer radiation in the treatment of cancer. This effort involves a multi-million dollar program of support for biological and clinical research in fast neutrons and pi mesons. It is only by such cooperative efforts with the scientific community, and the rejection of the concept of federal direction of research by bureaucratized scientists in Washington, that the National Cancer Institute can expect to win its war against cancer. If the fresh and exciting ideas of the nation's academic scientists must play second fiddle to preconceived and often archaic notions of how to proceed, we can only expect continued frustration and an eventual failure which could set back public support for disease-oriented research by many years. The scientists of the country can prevent this only by demonstrating to the NIH their belief in the principle of scientific judgements arrived at by free competition among all scientists and not the favored few who happen to subscribe to the current, official dogma.

What is Underwater Medicine?

by
James Vorosmarti, M.D.'61

"What is underwater medicine?" is one of those simple questions which has no simple answer. Even worse, there is no definition available for me to plagiarize, so I have had to invent one of my own. In addition to providing general medical care, underwater medicine includes the study, prevention, and treatment of problems peculiar to the special environments of higher than normal atmospheric pressure and submarines. Unfortunately, as with other general definitions this does not tell anyone what is actually involved in this unusual area of medicine. The only satisfactory way to answer this question is to discuss the basic problem of these special environments. The basic change in the environment as one slips beneath the waves is an increase in pressure. In contrast to aerospace work where the pressure differential can never be more than one atmosphere absolute (IATA), each thirty-three feet of water depth increases the pressure by IATA. As might be guessed this increase in pressure causes most of the physiological problems of diving, both by direct and indirect actions.

Direct Effects of Pressure

Popular writers notwithstanding, there is no sensation of the "crushing pressure of the depths" as pressure is increased. Since the body is essentially a water-filled bag this pressure is transmitted equally through it. There are, however, certain gas filled cavities which may be the sites of what are commonly referred to as "squeezes" and technically as barotrauma. These are the sinuses, middle ear and lungs. As ambient pressure is increased gas volume must decrease

in accordance with Boyle's law. Since these cavities are not collapsible (as the gut is) gas must be admitted to them to keep the pressure equal with the pressure outside. If a pressure differential is allowed to build up the vasculature in them becomes engorged, the membrane becomes edematous and haemorrhage may take place into the cavity. In the case of a middle ear squeeze the tympanic membrane may rupture allowing cold water to rush in producing an instant caloric test complete with vertigo, nausea and vomiting. Not a nice thing to happen when underwater!

Happily, adequate training and application of some common sense make severe barotrauma rare, and any lung squeeze extremely rare. Decreasing ambient pressure with an increase in gas volume rarely has any effect on the middle ear or sinuses since they will vent gas much more easily than admit it, but increasing gas volume in the lungs may have disastrous results. If, for some reason, a diver or submarine escapee ascends with a closed glottis or has a mechanical blockage in the lung, the increasing gas volume will rupture the lung producing a pneumothorax, or mediastinal and/or subcutaneous emphysema. The chances are he will also be the victim of life-threatening cerebral air embolism. Gas, entering the pulmonary circulation through a ruptured alveolar vessel, passes through the heart and lodges in the brain. This is a dramatic occurrence (as is a massive stroke or cerebral haemorrhage) but happily is as dramatically reversed by immediate recompression. Proper training and at least annual chest X-rays are essential for prevention of this problem, since

Dr. Vorosmarti, a Commander in the United States Navy, presently is on the staff of the Institute of Naval Medicine of the Royal Navy near London. He also is Senior Medical Officer and Head of the Biophysics Section of the Royal Naval Physiological Laboratory.



it takes very little overpressure to rupture lung tissue. One case was reported in a swimming pool only ten feet deep.

Another uncommon but potentially serious effect of increasing gas volume is the syndrome of alternobaric vertigo. This consists of vertigo, disorientation, nausea and occasionally vomiting. This again occurs on ascent and since in some can be reproduced on the surface by performing a Valsalva manoeuvre, it is thought to be caused by overpressurization of the middle ear causing motion of the stapes footplate and resultant pressure changes in the inner ear.

The increased density of breathing media due to the increased pressure imposes a large restriction on the respiratory capacity of a diver and has generated a large amount of research interest in pulmonary physiology in the recent past. The basic effect of increased density is, as may be guessed, an increase in the resistance to gas flow in the respiratory tree. At resting respiratory rates and moderate depths this has little effect, but during exercise this resistance reduces the ventilation and increases the work of breathing considerably.

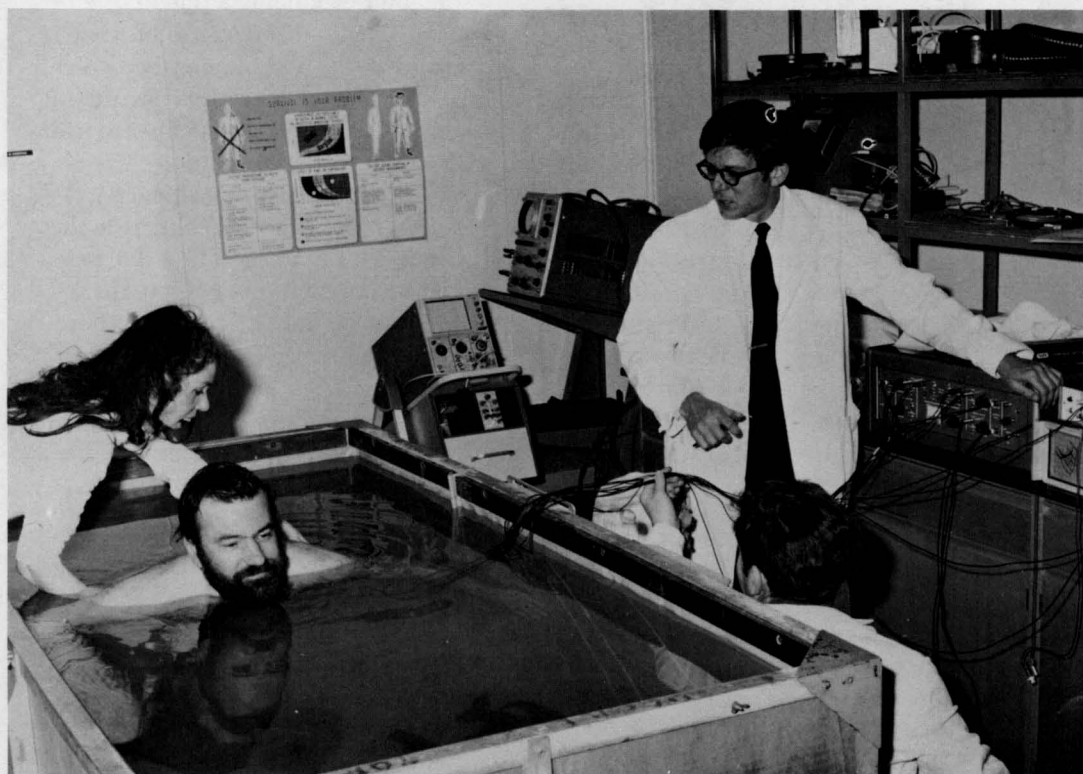
Although maximum voluntary ventilation is not of great interest per se it does provide an index of effects of density on respiratory capacity. MVV drops with increasing pressure, the biggest change being from the surface to four ATA where the MVV is approximately fifty percent of the surface values. This will obviously limit the exercise capabilities of a diver at depth.

The most important contribution to this limitation comes from the reduction in maximum expiratory flow rate which in normal individuals is independent of the expiratory effort. Breathing air, the maximum flow is reduced enough at six ATA so that work capacity is becoming limited because of the subsequent increase in $p\text{CO}_2$. These studies were conducted using standard low resistance equipment. The diver, however, is breathing through some apparatus with its own added resistance which will contribute further to respiratory work. Specific standards are lacking for allowable resistance in breathing apparatus and a great deal of work is needed in this area.

Another specific problem introduced by pressure depends on the position

of the diver in the water and the type of apparatus he is using. It is due to the differential pressure of the water column between a point in the diver's chest and the valving on his apparatus. With a basic SCUBA apparatus if he is upright in the water he may be negative pressure breathing and vice versa if he is feet up. As he works on a job the basic pressure at the mouth may vary between minus twenty and plus fifteen cm of H_2O pressure, causing against increased respiratory effort, plus affecting the sizes of the relative lung volumes and the perfusion of the lung. There is also evidence to show that the increased gas density may cause a decrease in diffusive mixing of gas in the terminal airways resulting in what is termed stratified inhomogeneity or "diffusion in dead space." This would essentially cause hypoxia and hypercapnia, particularly in an exercising diver. These respiratory problems presently are being actively investigated since it appears that they may limit the depth man may achieve in the oceans.

One last direct effect of pressure is the relative bradycardia found at depth at both rest and exercise. The



Using magnetometers Dr. Vorosmarti measures chest and abdominal wall mechanics on immersed subjects.

mechanism of this is unknown but it has been demonstrated that it is related both to pressure per se and to the density of the breathing gas.

Indirect Effect of Pressure

These are by far the most baffling problems of diving and include inert gas narcosis, decompression sickness and oxygen toxicity.

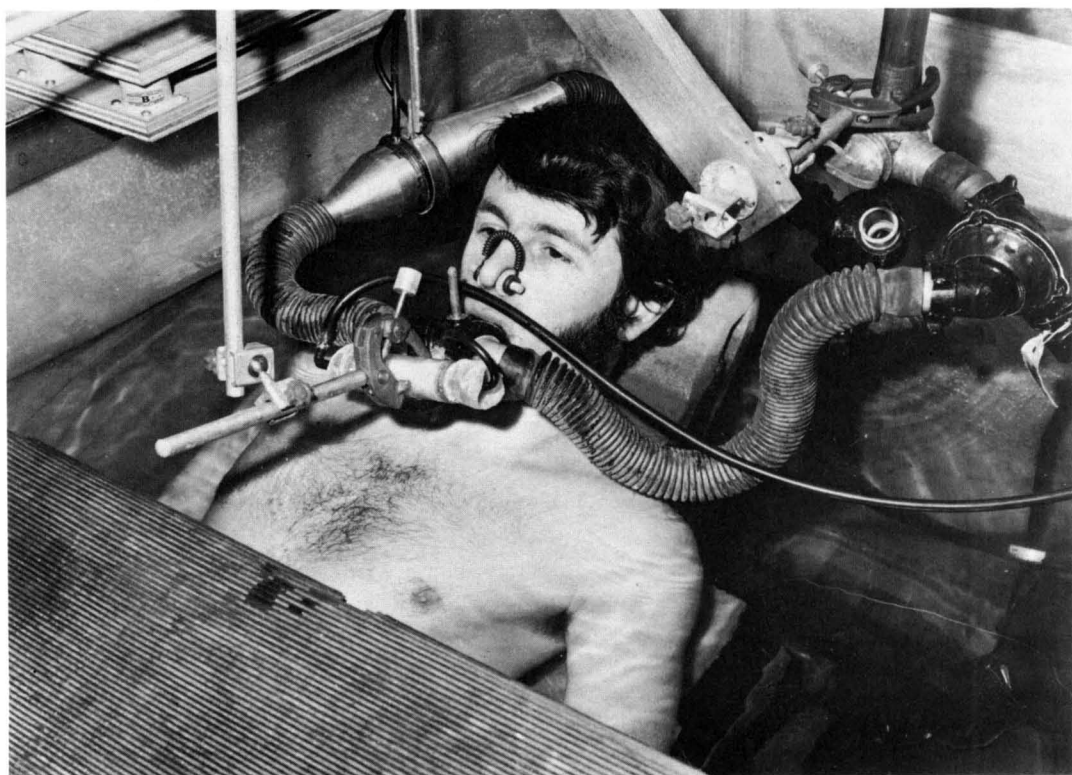
The classic form of narcosis is that caused by nitrogen, which has been romantically dubbed "rapture of the deep." The narcotic effects of nitrogen are depth related and up to one hundred feet depth most people will not notice any changes. Between one hundred and one hundred and fifty feet there is increasing light-headedness and the beginning of loss of fine discrimination and perhaps euphoria. Between one hundred and fifty and two hundred feet distinct euphoria appears, some dizziness may be encountered and mental processes are slowed. Beyond two hundred feet there is increasing mental deterioration, laughter may be uncontrolled, peripheral numbness and tingling appear and no trust can be placed in the efficiency or performance of the diver. Deeper than three hundred

feet the above signs and symptoms are severe and the diver may lose consciousness. These symptoms rapidly disappear on decompression, but if the narcosis were severe there might be amnesia for the event and extreme sleepiness lasting for several hours. The narcosis can be potentiated by alcohol, fatigues, apprehension or any increase in exogenous or endogenous CO_2 .

The signs and symptoms of nitrogen narcosis resemble those of nitrous oxide anesthesia, and indeed it is felt that the mechanism of inert gas narcosis is the same as that of anesthetic agents. This is supported by research that suggests that inert gas narcosis may be due to gas molecules modifying the dimensions of the lipid regions of cell membranes and thereby affecting the permeability of cations. It has been demonstrated in small animals that the anesthetic affect of nitrogen and other anesthetic agents can be reversed at extremely high pressure (one hundred-two hundred atmospheres). It is theorized that the deformation of the membrane by gas is reversed by the mechanical effect of these high pressures on the partial molar volume of the gas.

The problem of nitrogen narcosis in deep diving is obviated by the use of helium which appears to have no or at least only slightly narcotic properties to depths of fifteen hundred feet. There is also interest in neon and hydrogen as possible inert gases for use in diving. Neon theoretically should not be any more narcotic than helium and decreases the problem of communication caused by the "Donald Duck" voice of helium. Neon also improves the thermal balance situation introduced by helium which will be discussed later. The great drawback to neon is its high molecular weight which makes the problems of respiration worse. Since neon and helium are expensive, research has begun in the use of hydrogen as an inert gas in deep diving. It is about half as narcotic as nitrogen and could extend the depth without incurring the expense of helium. A large disadvantage of hydrogen is that it is explosive in mixtures containing more than four per cent oxygen and so can be used only for deeper portions of dives.

The second great problem caused by increased partial pressures of inert gas is that of decompression. At any



... Testing underwater breathing apparatus from the standpoint of breathing resistance.



The subject is in a chamber for doing Va/Q and cardiac output measurements at increased pressure.

raised partial pressure, gas will theoretically dissolve in solution in blood and tissue in accordance with Henry's Law. Upon release of pressure the reverse occurs, and if certain decompression procedures are not followed decompression sickness occurs.

Decompression sickness is a many faceted syndrome of which "bends" is only one manifestation. This syndrome ranges from mild symptoms requiring no treatment such as skin rash to severe symptoms caused by

involvement of the central nervous system which even with treatment may end in chronic disability or death. The commonest cases seen are those of "bends" which characteristically consist of deep pain in and around one or more joints, usually knees or shoulders. It may appear abruptly or gradually, and generally is made worse by movement. Occasionally swelling or erythema of the overlying skin accompanies the pain. The severe cases of central nervous system origin have symptoms and

signs that are legion; sensory disturbances, motor disfunction, paralysis, headache, disturbance of speech, deafness, convulsion and coma. A pulmonary form known as the "chokes" is characterized by substernal pain and paroxysmal coughing and if untreated results in death. A chronic long-delayed complication of decompression sickness is aseptic bone necrosis. Long known in caisson and tunnel workers it is now being found in naval and civilian divers.

The aetiology of decompression sickness was first discussed by Paul Bert in 1878 and his conclusion that it is caused by gas bubbles liberated on release from pressure is still accepted. Research since his time has elucidated the basic pathophysiological consequences of bubble formation. The mechanical effects depend on bubble location. Intracellular bubbles cause disruption of the cell with loss of function, liberation of tissue enzymes and extrusion of fat emboli. Extravascular bubbles can act similarly and can also cause compression and stretching of vessels and nerves. Intravascular bubbles act as emboli and cause the same sequence of events found following the sudden obstruction of blood flow whatever the cause. Biochemical effects of intravascular bubbles are also found and are related to the formation of the blood-gas interface with platelets and fibrin adhering to the bubble surface. These aggregates may release clotting factors leading to the formation of thrombo-emboli, or cause an increase in circulating catecholamines with vasoconstriction. Bubbles alone also have been implicated in the initiation of disseminated intravascular coagulation and localized bradykinin release.

The obvious measure to be taken to prevent decompression sickness is to allow no bubble formation during decompression. The only means currently utilized are decompression schedules which must be adhered to properly. The basis of these schedules is that some supersaturation of blood and tissue by inert gas can exist without bubble formation. The actual

amount of supersaturation is not known but adequate schedules have been worked out empirically over the years by assuming certain supersaturation ratios and testing schedules until ones are found which prevent decompression sickness. These provide safe compression for the standard types of diving. The advent of long deep saturation diving, however, and the subsequent problems of providing adequate decompression throws doubt on the supersaturation theory. (Saturation diving is when divers are kept at depth for twelve hours or longer at which time the body theoretically is "saturated" with gas, i.e., in equilibrium with the partial pressures of gas in the ambient atmosphere. When this point is reached decompression time should not increase with increasing time at that pressure.) The current mathematical models of decompression which differ in assumptions about permissible tissue supersaturation, and diffusion versus perfusion limited processes of gas uptake and elimination do not provide safe decompression schedules.

Unfortunately for the calculation of any schedule there are crucial facts which are unknown. When do bubbles form? How and where do they form? What effects does a long sojourn at pressure have on metabolism? What is the actual partial pressure of inert gas in blood and tissue at pressure and what is the elimination rate? These are all questions which must be answered before decompression can be based on scientific facts rather than empirical data. Hopefully the present work in ultrasonic bubble detection, inert gas elimination studies with new techniques and actual measurements of blood gas partial pressures at depth will answer some of these questions.

Unfortunately, even with the disadvantages of narcosis and decompression problems, inert gases cannot be dispensed with, because without an inert diluent a diver would soon succumb to oxygen toxicity. There are two forms of this phenomenon; the chronic, which affects the lungs, and the acute, which

occurs only when oxygen is breathed at high pressure and causes CNS malfunction. The chronic form of oxygen poisoning can manifest itself at oxygen partial pressure of 0.6 ATA if its breathed for more than twelve hours. It is initially manifested as tightness of the chest, tracheal irritation, and a decrease in vital capacity. There are two distinct stages to the lung changes. The first is an acute, reversible, exudative stage in which there is a decrease in surfactant activity, pulmonary arterioles become

thickened and oedema fluid accumulates in the alveoli. The second stage is irreversible and is one of consolidation and fibrous proliferation which will cause death. The acute form is characterized by epileptiform convulsions and can occur when oxygen is breathed at 1.6 ATA for as short a time as several minutes. The common initial symptoms are nausea, muscular twitching and dizziness which are rapidly followed by the seizure. Fortunately there is a latent period before these problems occur



Instrumental diver in the wet tank portion of the compression chamber: measurements can be made in conditions simulating those on an actual open water dive.

which allows the use of oxygen to enhance inert gas elimination, and for the treatment of decompression sickness and air embolism. Some miscellaneous effects of high oxygen levels are peripheral vasoconstriction, interference with haemoglobin CO₂ transport, and a decrease in red cell mass due to haemolysis. Immense amounts of research have been done and are being continued to determine the exact mechanisms of oxygen toxicity, and investigating the possibility of pharmacologically preventing it.

The toxicity of other gases is also related to their partial pressure and therefore the depth at which they are breathed. Breathing apparatus must be designed to prevent the build-up of CO₂ in them and chambers must either be fitted with a life support system which will scrub out CO₂ or be ventilated on a regular basis with pure breathing media. Carbon monoxide has killed divers that have used compressed air drawn through a gasoline compressor intake positioned closely to the exhaust. Carbon monoxide is also an interesting problem in saturation diving since it is produced metabolically as an end product of haemoglobin degradation, and can potentially reach dangerous levels during long saturation dives.

Cold exposure has always been a problem in diving and excessive heat loss can limit the work a diver can accomplish even more so than many of the problems just discussed. The problem is caused by the high capacitance and conductance of water and dense gases. In ordinary circumstances most of the body heat lost in moderately cold water is through conduction and convection from the trunk. In a cold chamber heat will be lost by connection to the gas and radiation to the walls with a small loss due to evaporation. In deep diving in a helium atmosphere the heat loss problem becomes even greater because of the increased thermal capacity and conductivity of helium. This is in most part due to the considerable heat loss in heating and humidifying the gas in the respiratory

tract. Recent work has shown that at a depth of eight hundred and fifty feet breathing 40°F gas the heat loss can exceed the metabolic heat production. Breathing this temperature gas also caused respiratory embarrassment during exercise due to excessive bronchial secretions. This type of environment is also unusual in that as one gets deeper the temperature range which can be compensated for physiologically becomes progressively narrower. This is due in part to the loss of the evaporative channel of heat transfer caused by the virtual nonexistence of a diffusion coefficient of water, i.e., sweating will occur but not evaporative cooling. This means that if a diver is at rest the ambient temperature may have to be close to body temperature in order to keep him in thermal equilibrium, but if he increases his metabolic heat production by working, the ambient temperature may have to be decreased to keep him in equilibrium. Cold exposure also produces a diuresis which when combined with that due to immersion can cause a substantial loss of circulating plasma volume. Present work in the thermal area is in describing the comfort index at depth and in methods of providing the diver with external heat in the form of heated suits and breathing gas.

Submarine Medicine

Submarine medical problems differ greatly from diving problems basically because the submarine environment does not expose men to higher than normal pressures. The only pressure related disease is cerebral air embolism during submarine escape procedures. This occurs for the same reasons and requires the same treatment as the diving casualty.

One of the greatest problem areas in the closed environment of nuclear submarines is that of atmospheric contamination with low levels of potentially toxic materials. Threshold limit values have been established for many materials on the basis of exposure on an eight-hour per day,

forty-hour per week basis. Obviously these do not necessarily have any correlation with the continuous exposures in a submarine. Also unlike diving where control of atmosphere contamination is very easily done by prohibiting substances from the chamber, in a submarine which requires many potentially harmful substances aboard in order to carry out operations this cannot be done. A great deal of experimentation is needed in this area to establish the toxicology of continuous exposure to even common contaminants which have well established industrial limits. Even very low levels (<.8%) of carbon dioxide over a long time may have deleterious effects and research is being carried out at present in this area.

Habitability has always been a great problem in submarines because of the limited power available when submerged. This means there was a minimum of heating or air conditioning and humidity control and barely any fresh water. Along with the extremely small living space available this results in the obvious problems of skin infections, ear infections, GI upsets and general discomfort. This situation has been greatly alleviated in nuclear submarines because of the almost unlimited power that is available. The lack of space, although not as severe, is still a problem and the responsibilities of the medical department include frequent sanitary inspections of the galley and berthing compartments as necessary preventive medicine measures. The introduction of nuclear power obviously added the hazard of radiation contamination. Although not as completely involved in health physics as they once were the medical department is still responsible for the personnel radiation monitoring programs aboard submarines.

Although this review has been necessarily terse and has glossed over some of the major areas of diving and submarine medicine I hope it has provided the reader with some information about an interesting area of medicine.

Achievement Award: 1974



It was, in the words of Alumni Association President John Gartland, both a proud and a sombre occasion. The recipient of this year's Alumni Achievement Award, Dr. Daniel Clifton Baker, Jr. '33, had died several days before the award's presentation at the June 6 Alumni Banquet (see page 40).

Dr. Baker was a member of a family of physicians. His older brother, John, was a Jefferson graduate, and his son, Daniel III, who came to Philadelphia to receive the Achievement Award in his father's behalf, is a resident in surgery.

Known to his friends as a warm, dedicated man, Dr. Baker was Professor and Chairman of the Department of Otolaryngology at Columbia University's College of Physicians and Surgeons. He came to Columbia as an Assistant Professor in 1946 after internship and residency at Jefferson and service in the Navy. He became a full Professor in 1964. Director of the Otolaryngological Service at New York City's

Presbyterian Hospital, Dr. Baker also was a consultant at many metropolitan area hospitals. His distinguished career included the Chairmanship of the New York State Medical Society, the Presidency of the American Broncho-Esophagological Association, the Vice-Presidency of the American Academy of Ophthalmology and Otolaryngology and membership in numerous other professional societies. He had recently been elected President of the American Laryngological Association for 1974-75.

One of Dr. Baker's many friends at Jefferson, Dr. Francis J. Braceland '30, delivered one of the eulogies for the physician.

"It is regrettable that his death occurred at the time of some of his greatest triumphs, one being named a Distinguished Alumnus at Jefferson, and at the same time being made President of the American Laryngological Society. He treasured them both and called me with great pleasure to tell me about them. His

death occurred just at the time when he was ready to lay down the Chairmanship of the Department, when he had gotten over the illness which had baffled the physicians for some time. Now, just when he was ready to enjoy himself, he was taken away to the bereavement of his family and friends."

"Dan (had been) an excellent student at Penn, AOA at Jefferson. A Jefferson intern, capable, warm, friendly, knowledgeable, he attracted the attention of Louis Clerf ('12) whom he loved and whom he emulated. He married a Jefferson nurse. I knew him well during the internship. I was present at his marriage, present at the baptism of each of the children and the marriage of three of them. He was a family man, his delight was in his family and they were a close knit group. He was attached to his home and, aside from his work, spent all of his time there."

"His practice was large. A number of patients came from the United Nations group. He was skillful in his work and adept at handling people. It is not an exaggeration to say that he loved his patients and his patients loved him."

In addition to the achievements noted by Dr. Braceland, Dr. Baker was honored many times by his fellow physicians. He was asked to deliver the Burkett Lecture, the Leroy Schall Lecture (Dr. Schall is Jefferson '17) of the New England Otolaryngological Society, the Wherry Memorial Lecture of the American Academy of Ophthalmology and Otolaryngology and the Chevalier Jackson Memorial Lecture of the Philadelphia Laryngological Society. In 1971 he received the American Laryngological Society's Newcomb Award.

As his many achievements indicate, Dr. Baker's standards were admirably high. "He was," once again in the words of Dr. Braceland, "intolerant of any kind of slipshod work, and like those of us who went to Jefferson at the time, he had responsibility burned into his very soul."

Alumni



Dr. John J. Gartland, President of the Alumni Association, greets classmate Dr. Thomas F. Nealon (left) 'S44, an Alumni Trustee, and Dr. Gerald Marks '49. Mrs. Gartland is at right.



Whether you call it Alumni Week, Reunion Week or Commencement Week, the first week of June is traditionally an active one for Jeffersonians. The five-year reunion classes (years ending on four and nine) gathered at Jefferson Hall and various area hotels to do such things as reunion classes have always done. June 6 brought all the classes together for the annual Alumni Banquet at the Bellevue Stratford Hotel. Dr. Peter L. Eichman of the class of 1949 was the Banquet's speaker for the twenty-fifth reunion class with other speakers for the evening including Jefferson Board Chairman William W. Bodine, TJU President Peter A. Herbut, Dean William F. Kellow and President of the Class of 1974 Dr. Bruce G. Silver. Dr. John J. Gartland, President of the Alumni Association, served as toastmaster.

One hundred eighty-nine doctors of



President Peter A. Herbut admires lei of Mrs. Herbut brought to them by Honolulu alumnus Dr. Robert C. Lee who was in Philadelphia for his twentieth reunion.

Dr. Peter L. Eichman was banquet speaker for the twenty-fifth reunion class of 1949.





medicine graduated the following day at Philadelphia's Academy of Music, marking Jefferson's 150th Commencement. Students from the Graduate School and the College of Allied Health Sciences also received their degrees at the ceremony; bachelor of science degrees in nursing were presented for the first time. Jefferson awarded honorary degrees to Jefferson Life Trustee Roy George Rincliffe, Music Director of the Philadelphia Orchestra Eugene Ormandy, Professor Emeritus of the Rockefeller University Rene J. Dubos, Professor of Anesthesiology at the University of Pittsburgh School of Medicine Robert A. Hingson and Professor of Research Pediatrics at the University of Cincinnati College of Medicine Josef Warkany. The graduates chose Dr. Gonzalo E. Aponte '52, Professor of Pathology, to administer the Oath of Hippocrates.



Dr. Paul H. Morton '38 of Coronado, California, with his son, John, class of '74



Dean and Mrs. William F. Kellow share a story with Jefferson's Chairman of the Board William W. Bodine, center



Retiring Chairman of the Department of Physiology Dr. M. H. F. Friedman and Dr. John E. Mills, '49 of Pasadena, California, on way to dinner. Dr. Friedman, who has been at Jefferson since 1941, has served as Chairman since 1957.

Hospital Appointments Received by the Class of 1973

- Jay D. Amsterdam**
Upstate Medical Center
Syracuse, N.Y.
- Alice A. Angelo**
Hartford Hospital
Hartford, Ct.
- Barbara F. Atkinson**
Hospital of the University
of Pennsylvania
Philadelphia
- Steve Baez**
Naval Hospital
Oakland, Ca.
- Ward G. Becker**
Reading Hospital
Reading, Pa.
- Bruce C. Berger**
Lankenau Hospital
Philadelphia
- Joseph R. Berger**
Georgetown University Hospital
Washington, D.C.
- Albert L. Blumberg**
Thomas Jefferson University Hospital
Philadelphia
- Robert Breckenridge, Jr.**
Berkshire Medical Center
Pittsfield, Ma.
- David A. Brent**
University of Colorado Medical Center
Denver, Co.
- Louis T. Broad**
Thomas Jefferson University Hospital
Philadelphia
- John J. Brooks, Jr.**
Hospital of the University
of Pennsylvania
Philadelphia
- Joel M. Brown**
Methodist Hospital of Dallas
Dallas, Tx.
- John H. Brown**
Tripler General Hospital
Honolulu, Hi.
- Theresa A. Burt**
Thomas Jefferson University Hospital
Philadelphia
- Tom E. Campbell**
University of Michigan
Affiliated Hospitals
Ann Arbor, Mi.
- Larry A. Caputo**
Allegheny General Hospital
Pittsburgh, Pa.
- Michael P. Carunchio, Jr.**
Wilmington Medical Center
Wilmington, De.
- John V. Cattie**
Thomas Jefferson University Hospital
Philadelphia
- Neal C. Chadwick**
Mercy Hospital
Pittsburgh, Pa.
- Kathleen F. Cheyney**
George Washington University
Hospital
Washington, D.C.
- David G. Clark**
Hartford Hospital
Hartford, Ct.
- Thomas P. Cochran, III**
Pennsylvania Hospital
Philadelphia
- James W. Cornish**
Bryn Mawr Hospital
Bryn Mawr, Pa.
- Richard D. Crispino**
Abington Memorial Hospital
Abington, Pa.
- Kevin D. Crowley**
Womack Army Hospital
Fayetteville, N.C.
- Burton H. Danoff**
University of Miami
Affiliated Hospitals
Miami, Fl.
- Steven E. Decker**
Thomas Jefferson University Hospital
Philadelphia
- Scott M. Dehart**
York Hospital
York, Pa.
- John T. Dekutoski**
Chestnut Hill Hospital
Philadelphia
- Lee E. Denlinger**
Bryn Mawr Hospital
Bryn Mawr, Pa.
- D. David Dershaw**
Beth Israel Medical Center
New York City
- Linda Devereux**
Bryn Mawr Hospital
Bryn Mawr, Pa.
- William A. DiCuccio, II**
Methodist Hospital
Philadelphia
- Raymond P. DiPhillips**
Cooper Hospital
Camden, N.J.
- Anthony C. Dougherty**
Graduate Hospital of the
University of Pennsylvania
Philadelphia
- Edward F. Drass**
Geisinger Medical Center
Danville, Pa.
- Bruce A. Ellsweig**
York Hospital
York, Pa.
- Len E. Ennis**
New England Deaconess Hospital
Boston, Ma.
- Domenico Falcone**
Hospital of the University
of Pennsylvania
Philadelphia
- Barbara Lynne Figs**
Allentown Hospital
Allentown, Pa.
- Allen B. Filstein**
Grady Memorial Hospital
Atlanta, Ga.
- William I. Forbes, III**
Abington, Pa.
Abington Memorial Hospital
(Degree conferred January 5, 1974)
- Alice Forsyth**
Mercy Catholic Medical Center
Philadelphia
- Samuel P. Freedman**
Fitzgerald Mercy Hospital
Darby, Pa.
- Tiyi R. Freeman**
Harlem Hospital Center
New York City
- Stanley M. Fried**
Memorial Hospital of Long Beach
Long Beach, Ca.
- Robert Gardner**
Delaware State Hospital
New Castle, De.
- Raymond J. Gaspari**
York Hospital
York, Pa.
- Douglas B. Gersh**
Wilmington Medical Center
Wilmington, De.
- Stanley J. Geyer**
Bellevue Hospital Center
New York City
- William J. Gibbons**
Abington Memorial Hospital
Abington, Pa.
- Victoria A. Gillis**
Henry Ford Hospital
Detroit, Mi.
- John F. Glenn, III**
Misericordia Hospital
Philadelphia
- Michael P. Godfrey**
Beekman Downtown Hospital
New York City
- Myrtle E. Goore**
Grady Memorial Hospital
Atlanta, Ga.
(Degree conferred January 5, 1974)
- Stephen J. Gordin**
Lankenau Hospital
Philadelphia
- Antonio M. Granda**
Vanderbilt University Affiliated
Hospitals
Nashville, Tn.
- Mitchell M. Greenspan**
Thomas Jefferson University Hospital
Philadelphia
- Bartley P. Griffith**
Presbyterian University
Pittsburgh, Pa.

Lee D. Griffith
University Hospital
San Diego, Ca.

Christine A. Griger
Temple University Hospital
Philadelphia

Marietta F. Guidon
St. Vincent's Hospital
New York City

Ann P. Guillot
Medical Center Hospital of Vermont
Burlington, Vt.

Michael J. Gullotti
Thomas Jefferson University Hospital
Philadelphia

Elizabeth A. Habecker
Harrisburg Polyclinic
Harrisburg, Pa.

C. David Hamsher
Bryn Mawr Hospital
Bryn Mawr, Pa.

David B. Harding
Grant Hospital
Columbus, Oh.

Leslie S. Harrold
Akron City Hospital
Akron, Oh.

Raymond J. Hauser
The Reading Hospital
Reading, Pa.

Mark S. Heiser
Children's Hospital of Philadelphia
Philadelphia

John Hermanovich, Jr.
Lankenau Hospital
Philadelphia

Robert E. Hobbs
Lankenau Hospital
Philadelphia

Bradley R. Hoch
Children's Hospital of Philadelphia
Philadelphia

Harriette M. Horst
Henry Ford Hospital
Detroit, Mi.

Howard G. Hughes
Geisinger Medical Center
Danville, Pa.

Clifton H. Hunt
North Carolina Baptist Hospital
Winston-Salem, N.C.

Kenneth E. Jaffe
University Hospitals
Madison, Wi.

Richard L. Jaffe
St. Elizabeth's Hospital
Washington, D.C.

Robert B. Jeffrey, Jr.
Presbyterian Hospital
New York City

Edward M. Jeryan
Overlook Hospital
Summit, N.J.

Robert M. Johnson
Hartford Hospital
Hartford, Ct.

Jacob D. Kanofsky
New York Medical College
Metropolitan Hospital
New York City

Bertram D. Kaplan
Duke University Medical Center
Durham, N.C.

David Karasick
Thomas Jefferson University Hospital
Philadelphia

John J. Karlavage
Charles S. Wilson Memorial Hospital
Johnson City, N.Y.

Gary B. Kaskey
Strong Memorial Hospital of the
University of Rochester
Rochester, N.Y.

Franklin C. Kelton, Jr.
Thomas Jefferson University Hospital
Philadelphia

James A. Kenning
Mary Hitchcock Memorial Hospital
Hanover, N.H.

James W. Kessel
Misericordia Hospital
Philadelphia

Thomas A. Klotz
Los Angeles County
U.S.C. Medical Center
Los Angeles

Barbara J. Kluchinski
Thomas Jefferson University Hospital
Philadelphia

Walter B. Kobialka
Thomas Jefferson University Hospital
Philadelphia

Jeffrey Kenneth Kohn
Hahnemann Medical College Hospital
Philadelphia

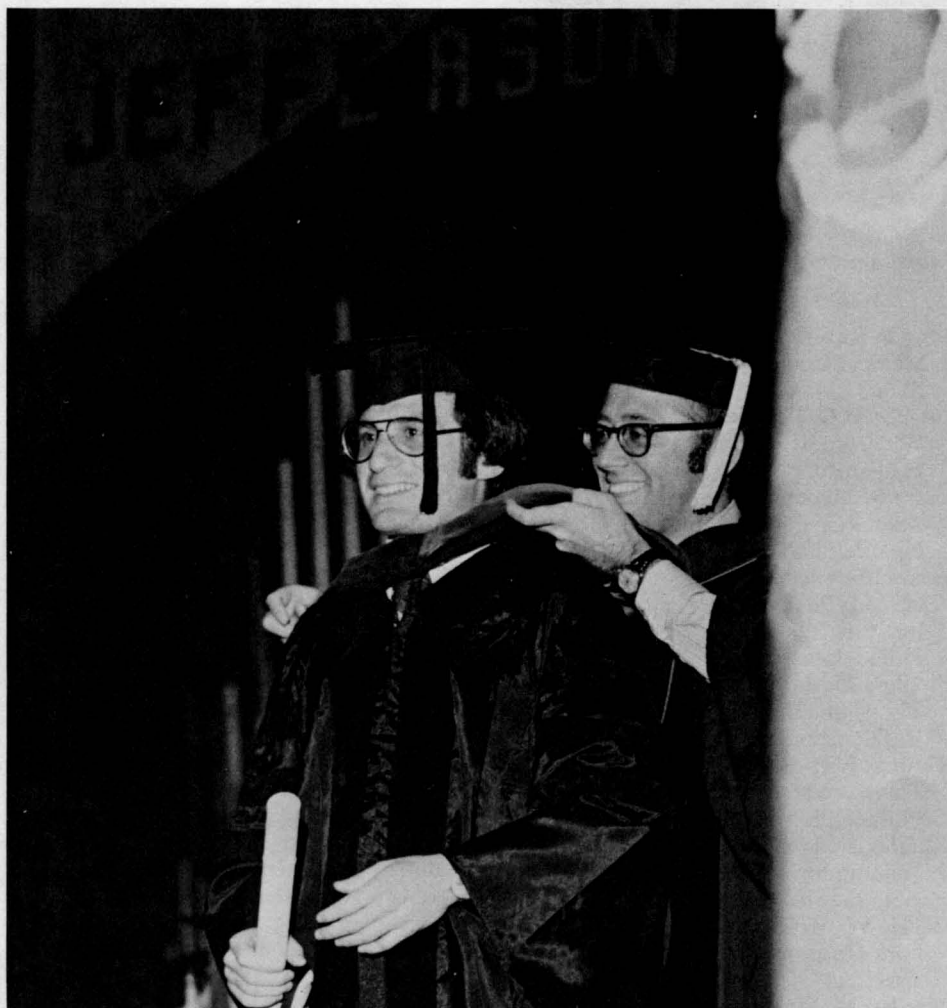
Frank T. Kucer
Lankenau Hospital
Philadelphia

Joseph A. Kuchler
The Cooper Hospital
Camden, N.J.

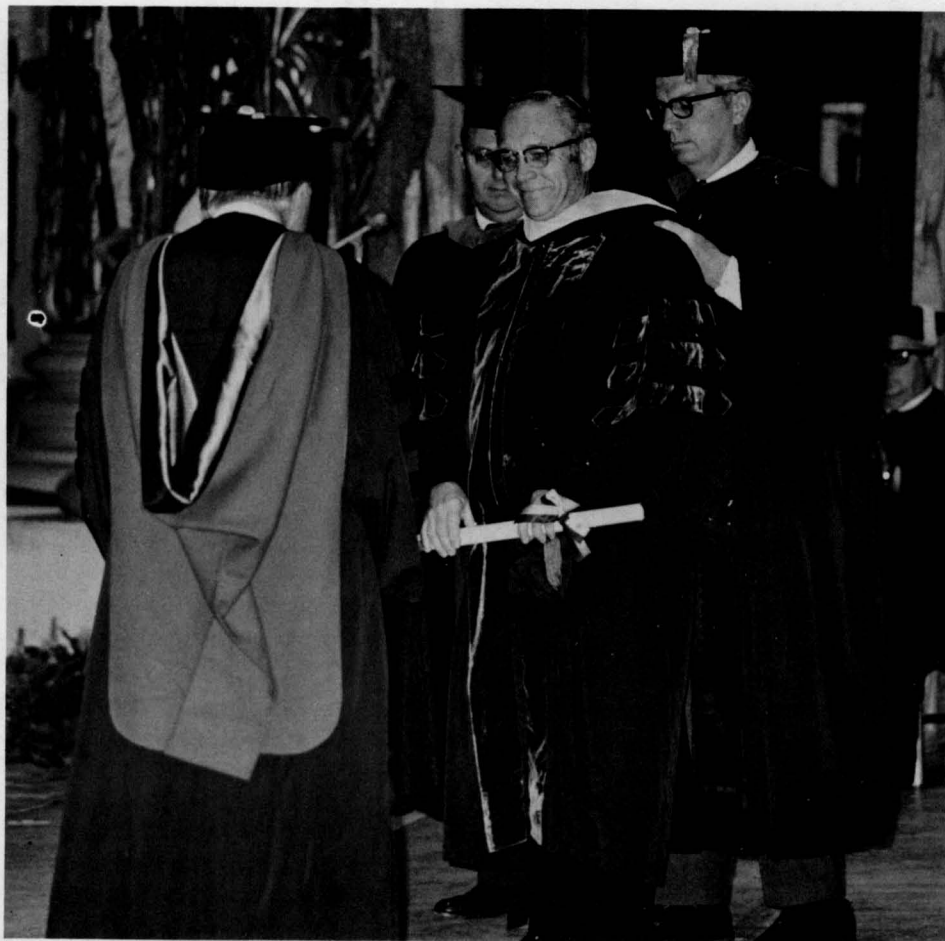
Elizabeth Kuhlman
Good Samaritan Hospital
Phoenix, Az.

Michael A. Kukucka
St. Vincent's Hospital and
Medical Center of New York
New York City

Scott I. Lampert
Grady Memorial Hospital
Atlanta, Ga.



Associate Dean Joseph S. Gonnella, places hood for Steven R. Peikin, winner of this year's Alumni Medal for highest general average for four years.



Dr. Robert A. Hingson, Professor of Anesthesiology at the University of Pittsburgh Schools of Medicine and Dentistry, received the honorary degree of Doctor of Science at 150th Commencement June 7.

William L. Laury
Misericordia Hospital
Philadelphia

William D. Lawrence
Temple University Hospital
Philadelphia

Thomas J. A. Lehman
Children's Hospital of Los Angeles
Los Angeles

Larry R. Leichter
Meadowbrook Hospital of the
Nassau County Medical Center
East Meadow, N.Y.

Michael C. Leo
Berkshire Medical Center
Pittsfield, Ma.

Kenneth S. Lewis
University of Maryland Hospital
Baltimore, Md.

Michael H. Lewitt
Misericordia Hospital
Philadelphia

Steven B. Lichtenstein
Thomas Jefferson University Hospital
Philadelphia

Conrad Lindes
Grant Family Practice Center
Columbus, Oh.

John P. Lubicky
Medical College of Virginia
Richmond, Va.

Georgetta D. Lupold
Williamsport Hospital
Williamsport, Pa.

Larry S. Mapow
Thomas Jefferson University Hospital
Philadelphia

James Marencik
Eastern Pennsylvania Psychiatric
Institute
Philadelphia

Stephen P. Martell
The Williamsport Hospital
Williamsport, Pa.

Thomas J. Matulewski
Thomas Jefferson University Hospital
Philadelphia

Charles W. Maxin
Wilmington Medical Center
Wilmington, De.

Cedric W. McClinton
York Hospital
York, Pa.

Marilyn M. McDonald
University of Colorado
Affiliated Hospitals
Denver, Co.

Bruce P. Meinhard
Grady Memorial Hospital
Atlanta, Ga.

Raymond W. Merrell
St. Vincent's Hospital and
Medical Center of New York
New York City

Allen E. Meyer
Misericordia Hospital
Philadelphia

William A. Meyer, Jr.
Maryland General Hospital
Baltimore, Md.

William H. Meyer
Wilmington Medical Center
Wilmington, De.

William I. Miller
Conemaugh Valley Memorial
Johnstown, Pa.

Perry L. Mitchell
Wilmington Medical Center
Wilmington, De.

Anthony D. Molinaro, Jr.
The York Hospital
York, Pa.

Martin D. Mollen
Good Samaritan Hospital
Phoenix, Az.

John P. Morton
Maricopa County General
Phoenix, Az.

Guy M. Nardella, Jr.
Presbyterian University
Pittsburgh, Pa.

Marvin E. Nielsen
Latrobe Area Hospital
Latrobe, Pa.

William B. Olney
Los Angeles County
U.S.C. Medical Center
Los Angeles

Ronald J. Patterson
Tufts University Affiliated Hospitals
U.S. Public Health Service
Boston, Ma.

Frank J. Pearl
University of Miami Affiliated
Hospitals
Miami, Fl.

Mark A. Pearlman
Thomas Jefferson University Hospital
Philadelphia

Steven R. Peikin
H. C. Moffitt
University of California Hospitals
San Francisco

Vincent A. Pellegrini
Lankenau Hospital
Philadelphia

Robert V. Peruzzi, Jr.
Abington Memorial Hospital
Abington, Pa.

Thomas I. Phelan
Misericordia Division
Philadelphia

John F. Pholeric, Jr.
Hartford Hospital
Hartford, Ct.



The Class of 1974, guests of the alumni at the annual banquet at the Bellevue Stratford.

James D. Plumb
Thomas Jefferson University Hospital
Philadelphia

Michael L. Podolsky
Boston City Hospital
Boston, Ma.

Alan K. Roberts
St. Margaret Memorial Hospital
Pittsburgh, Pa.

Clarice A. Robinson
Martin Luther King, Jr.,
General Hospital
Los Angeles

Jonathan J. Rogers
Bryn Mawr Hospital
Bryn Mawr, Pa.

Joel C. Rosenfeld
Pennsylvania Hospital
Philadelphia

Anna W. Sasaki
Wilmington Medical Center
Wilmington, De.

Kenneth L. Savage
Akron City Hospital
Akron, Oh.

Jay Schinfeld
Bronx Municipal Hospital Center
Bronx, N.Y.

William M. Schulman
University of Miami
Affiliated Hospitals
Miami, Fl.

Ira Schwartz
Thomas Jefferson University
Philadelphia

Philip R. Seaver, Jr.
Presbyterian Hospital
New York City

Jeryl R. Shapiro
Medical Center Hospital of Vermont
Burlington, Vt.

Edward J. Share
Los Angeles County
U.S.C. Medical Center
Los Angeles

Stanley H. Shrom
Pennsylvania Hospital
Philadelphia

Gary Shugar
Conemaugh Valley Memorial Hospital
Johnstown, Pa.

Bruce G. Silver
Lankenau Hospital
Philadelphia

Robert B. Sklaroff
Henry Ford Hospital
Detroit, Mi.

Ronald L. Smoyer
Conemaugh Valley Memorial Hospital
Johnstown, Pa.

Louis P. Soraruf, IV
Wilmington Medical Center
Wilmington, De.

Thomas A. St. John, Jr.
Naval Hospital
Philadelphia

Barry S. Stein
Lankenau Hospital
Philadelphia

Susan M. Stevenson
Temple University Hospitals
St. Christopher's Hospital for Children
Philadelphia

Charles W. Stotler
Conemaugh Valley Memorial Hospital
Johnstown, Pa.

James F. Suchman
Hartford Hospital
Hartford, Ct.

Linda A. Sundt
Thomas Jefferson University Hospital
Philadelphia

George Thorpe
Milton S. Hershey Medical Center
of the Pennsylvania State University
Hershey, Pa.

Richard C. Tomichuk
Thomas Jefferson University Hospital
Philadelphia

Jay R. Trabin
Wilmington Medical Center
Wilmington, De.

Bruce B. Vanett
St. Vincent's Hospital and
Medical Center
New York City

Alfred G. Vasta
Fitzgerald Mercy Hospital
Mercy Catholic Medical Center
Darby, Pa.

Guillermo Vazquez
 San Juan Municipal Hospital
 Puerto Rico Medical Center
 San Juan, P.R.

Bethany A. Venit
 Conemaugh Valley Memorial Hospital
 Johnstown, Pa.

Charles Vickerman, Jr.
 Thomas Jefferson University Hospital
 Philadelphia

Richard P. Wallace
 Albert Einstein Medical Center
 Daroff Division
 Philadelphia

Robert J. Wasnick
 St. Vincent's Hospital and
 Medical Center
 New York City

Donald R. Weidner
 Charles S. Wilson Memorial
 Johnson City, N.Y.

Steven L. Weinstein
 Children's Hospital of the

District of Columbia
 Washington, D.C.

Jay Weisberg
 Delaware State Hospital
 New Castle, De.

Steven M. Wenner
 Thomas Jefferson University Hospital
 Philadelphia

Michael Wenof
 Temple University Hospitals
 Philadelphia

Stephen H. Whitenack
 Thomas Jefferson University Hospital
 Philadelphia

Harold B. Wighton
 Providence Hospital
 Seattle, Wa.

Donald B. Williams
 Mary Hitchcock Memorial Hospital
 Hanover, N.H.

Arnold J. Willis
 George Washington University
 Hospital

Washington, D.C.

Reginald Wills
 Freedman's Hospital
 Washington, D.C.

Walter Worhacz
 Delaware State Hospital
 New Castle, De.

Walter F. Wrenn, III
 Misericordia Hospital
 Philadelphia

Ernie M. S. Yim
 District of Columbia General Hospital
 Washington, D.C.

Dennis Young
 Delaware State Hospital
 New Castle, De.

Steven M. Zamore
 North Shore Memorial Hospital
 Manhasset, N.Y.

Bruce S. Zaret
 Bronx Municipal Hospital Center
 Hospital of the Albert Einstein
 College of Medicine
 Bronx, N.Y.

Jefferson Relationships

Jay D. Amsterdam
 Father: Julius K. Amsterdam, M.D., '36

Barbara F. Atkinson
 Husband: G. W. Atkinson, M.D., Faculty

Ward G. Becker
 Father-in-Law: Melvine L. Reitz, M.D., '46

Robert L. Breckenridge
 Father: Robert L. Breckenridge, M.D., J. '44
 Brother: John W. Breckenridge, M.D., '70

David L. Brent
 Father: Robert L. Brent, M.D., Faculty

John Harold Brown
 Father: Harold E. Brown, M.D., '42

John V. Cattie
 Father: Vincent J. Cattie, M.D., J. '44

David G. Clark
 Grandfather: James C. Clark, M.D., '07

Thomas P. Cochran, III
 Father: James E. Cochran, M.D. '39
 Grandfather: Thomas P. Cochran, M.D., '93

William A. DiCuccio
 Brother: Nicholas W. DiCuccio, M.D., '68

Alice J. Forsyth
 Husband: Thomas Forsyth, Jr.

Victoria A. Gillis
 Father: John A. Gillis, M.D. '43

Ann P. Guillot
 Father: Robert M. Packer, M.D., J. '44

Elizabeth T. Habecker
 Father: Leonard M. Tanner, M.D., '49

Leslie S. Harrold
 Father: Bruce D. Harrold, M.D., '48

Robert E. Hobbs
 Father: Robert E. Hobbs, M.D., '31

Robert B. Jeffrey
 Father: Robert B. Jeffrey, M.D., '45
 Grandfather: Robert H. Jeffrey, M.D., '12

Jacob D. Kanofsky
 Brother: Paul Kanofsky, M.D., Faculty

Franklin C. Kelton, Jr.
 Father: Franklin C. Kelton, M.D., Faculty

James W. Kessel
 Father: James S. Kessel, M.D., '48
 Grandfather: Charles R. Kessel, M.D., '21

Frank T. Kucer
 Wife: Kathleen B. Kucer, M.D., '76
 Father-in-Law: Stephen F. Balshi, M.D., '45

Conrad Lindes
 Father: DeArmond Lindes, M.D., '46

Cedric W. McClinton
 Gr-gr-gr-gr. Uncle: George McClellan, M.D.

John P. Morton
 Father: Paul H. Morton, M.D., '38

Kenneth L. Savage
 Father: Peter J. Savage, Sr., M.D., '45
 Brother: Robert Savage, M.D., '77
 Brother: Donald Savage, M.D., '77

Jay S. Schinfeld
 Father: Louis H. Schinfeld, M.D., '39

William M. Schulman
 Father: Jesse Schulman, M.D., '45

Edward J. Share
 Father: William L. Share, M.D., '36

Charles W. Stotler
 Father: Charles W. Stotler, M.D., '41

Robert J. Wasnick
 Father: William Wasnick, M.D., J. '44

Steven M. Wenner
 Father-in-Law: Milton Ivker, M.D., '54

Harold B. Wighton
 Brother: Robert Wighton, Ph.D., '73

Steven M. Zamore
 Brother: Michael Zamore, M.D., '76

Bruce S. Zaret
 Sister: Cheryl Zaret, M.D., '72

profile



Dr. McCloskey

Since the post World War II, G.I. Bill classes dubbed him "the Sarge," Dr. Joseph F. McCloskey '43 has been known as a disciplinarian. "The professor who motivated me to become a pathologist told me when I was appointed to the faculty, 'You have one responsibility—to teach.' I feel that responsibility, just as I feel that the students have a responsibility to learn, as much as they can in their four years here."

Dr. McCloskey was associated with Jefferson before he ever came to Philadelphia. He received his undergraduate education at the University of Scranton, which was known at that time as "little Jeff" because of the large percentage of students who went on to enroll at the Medical College. After an internship at Scranton State Hospital and a tour of duty in the U.S. Army, he returned to Jefferson as the Ross V. Patterson Fellow in Pathology. He first became a member of the Jefferson staff in 1947 when he was appointed an Instructor. He moved up through the academic ranks until 1966 when he became a full Professor.

The physician also was associated with medicine long before he came to Philadelphia. "I began playing football in high school until I realized that my extreme myopia somewhat compromised my playing ability. But I enjoyed football, so I became the team trainer. One of my duties was to assist the team physician, and even

the little I could do for the players was very gratifying. That decided me on a career in medicine."

That career has been a rewarding one. In addition to his Jefferson responsibilities Dr. McCloskey is the Associate Director of the Pathology Department at Methodist Hospital, a Jefferson affiliate. He is a Fellow of the American Society of Clinical Pathologists and the College of American Pathologists and a member of the American Association of Pathologists and Bacteriologists, the American Society of Cytology and the International Academy of Pathologists among others. He is certified by the American Board of Pathology in Pathologic Anatomy and Clinical Pathology.

Although he is a practicing pathologist at Methodist Hospital and has done research at Jefferson, Dr. McCloskey sees himself primarily as a teacher. At Jefferson he teaches "Mechanisms of Disease" to freshmen and the second-year "Core Curriculum in Pathology." He specializes in inflammation in his course for the freshmen and in the heart and breast for the sophomores.

"I don't know" is never an acceptable answer in a class of Dr. McCloskey's, nor does he answer students' questions directly. "I try to lead students to an answer which they know, but they don't know they know," he smiles. He works with the students' knowledge as a base and helps them to put facts together in a new way.

The students today are not much different from the students he's had throughout his Jefferson years, Dr. McCloskey reports. "They've all been vitally interested in doing good. Most of the problems students have come

from a lack of mature judgment rather than a lack of intelligence." Dr. McCloskey doesn't feel that he personally has ever had trouble with a student. At a recent alumni affair, in fact, he met some students he hadn't seen for twenty years, "and, you know, they still remembered some of the key things I'd tried to communicate. That's one of the things that makes teaching so rewarding." Dr. McCloskey also has been rewarded tangibly by his students. In 1967 he was presented the Christian R. and Mary F. Lindback Award for Distinguished Teaching.

Teaching Jefferson students is in itself a special reward for Dr. McCloskey, because he is definitely endowed with the old-fashioned Jefferson spirit. That spirit goes much deeper than pride in Jefferson's quality medical education. If the spirit at Jefferson is unique it is because of the personal relationships that bind Jeffersonians to one another. Dr. McCloskey has had many such close Jefferson relationships both with his professors and with his students. He speaks with particular fondness of his pathology professor, Dr. Donald McGrew, who became one of his closest friends. "I had many firsts with Dr. McGrew," Dr. McCloskey recalls. "I baked my first turkey in his oven; I took my first turkish bath with him the day his second child was born; and he took me to my first concert, with Toscanini conducting, and introduced me to classical music."

Dr. McCloskey hopes to help Jefferson continue to give students the kind of medical school experience he feels fortunate to have had. As a member of the Executive Committee of the Alumni Association he thinks "our job is to help alumni understand the changes that are taking place at the College and to continue to communicate our feelings of pride in the institution."

Dr. McCloskey also has pride in another important institution: the

family. He beams about his grandson and two granddaughters, and of course about his two daughters and his wife, Marie. Although he usually enjoys woodworking and, since Dr. McGrew, classical music, this year he and his wife are working hard another way in their leisure time: they are taking Italian lessons in preparation for next summer's trip to Rome. "We spent a week in Rome and Florence last December and we loved it. But next summer our Italian teacher, who has become our very dear friend, is coming with us. She was born in Rome and worked as a tour guide for seven years, so this time we'll be seeing Rome as the Romans do."

If Dr. McCloskey has a well-deserved reputation at Jefferson as a disciplinarian, self discipline is its basis. It is evident in the time and zeal he devotes to his work and in his approach to his subject, a systematic approach which does not accept the new without many questions and careful substantiations. If Joseph McCloskey expects his students to work hard, it's because *he* works hard and has since his student days.

"Joe McCloskey?" one classmate nods. "Well, I can tell you one thing. In our classes he used to get passed up all the time." For those too young to remember, passing up was a Jefferson custom in the days of the old amphitheatre. Students were, on occasion, passed bodily by their classmates from the bottom of the amphitheatre to its top row, and it was a long trip up. The custom died when the old amphitheatre was demolished, but in its day passing up was an inevitable punishment for students who sat in the front row and asked too many questions.

the jefferson scene

new chair

A \$1.5 million bequest by the late Beatrice A. Wilson of Haverford, Pennsylvania will be used to endow a Professorship in Medicine at Jefferson Medical College.

To be known as the James C. Wilson Professorship in Medicine, the position will honor the name of Miss Wilson's father, the distinguished Philadelphia physician who was Medical Director of Jefferson Hospital from 1894 to 1896. He occupied the Chair of Practice of Medicine and Clinical Medicine at Jefferson from 1891 to 1911, and was associated also with the old German Hospital, now Lankenau, as well as Wills Eye, St. Agnes and others. He was known as a brilliant diagnostician and an outstanding teacher. Dr. Wilson graduated in 1869.

Miss Wilson's will specifies that a trust for the professorship be established and that income from the trust be used for research, teaching, and treatment of heart diseases.

In 1916, Miss Anne J. Magee, established the Magee Chair of Medicine at Jefferson for Dr. Wilson and for those who succeeded him as head of the department. The current chairman, Dr. Robert I. Wise, presently is the Magee Professor of Medicine.

chairman

Dr. Allan M. Lefer has been appointed Professor of Physiology and Chairman of the Department. His appointment was effective in July of this year. He replaces Dr. M. H. F. Friedman who retired in June after seventeen years as Chairman. Dr. Lefer received his

Doctor of Philosophy degree from the University of Illinois in 1964. That year he joined the Department of Physiology at the University of Virginia School of Medicine at Charlottesville as an Assistant Professor. In 1972 he was named full Professor at the University. During the academic year 1971-1972 Dr. Lefer was Visiting Professor in the Department of Biochemistry at Hadassah Medical School, Hebrew University in Jerusalem. His master's degree was awarded from Western Reserve University.

Dr. Lefer's research interests have included, in particular, myocardial function, effects of hormones on the



Dr. Lefer

cardiovascular system and more recently pathophysiology of shock. In 1968 he was awarded an Established Investigatorship by the American Heart Association. His publications include seventy-six full articles and forty-five abstracts. He is an Editorial Referee for the *American Journal of Physiology* and for *Circulation Research*, and more recently was named Editor-in-Chief of the new journal *Circulatory Shock*.

Dr. Lefer is a member of Sigma Xi, American Physiological Society, American Heart Association Council on Basic Science, American Society of Pharmacology and Experimental Therapeutics, Society of Experimental Biology and Medicine and the Cardiac Muscle Society. Dr. Lefer is married and the father of four.

trustees

Dr. Robert L. Evans '52 has been reelected to his second three-year term as an Alumni Trustee. Dr. Evans, who was first elected a Trustee in 1971, is the Dean of the Rockford School of Medicine, one of the five branches of the Illinois College of Medicine.

Dr. Evans is joined on the Board of Trustees by two other Alumni Trustees, Dr. Thomas F. Nealon, Jr., '54, and Dr. Joe H. Coley '34. Alumni representation on the Board began in 1965.

ariel

Ariel, the student newspaper at Jefferson, was voted best medical school newspaper in the country by the Student American Medical Association and the staff of the *New Physician*. Forty-five entries were judged in the competition.

Now in its sixth year, Ariel, an eight to twelve page publication, is distributed every six weeks. It is an all University project and is staffed by representatives from all segments of the institution. Content ranges from editorials and features to cartoons. Mark Dembert '75 and J. D. Kanofsky '74 are the Editors-in-Chief.

symposium

Jefferson's College of Allied Health Sciences sponsored an inter-professional symposium on May 8 as part of TJU's Sesquicentennial celebration. Attracting more than four hundred specialists from various fields of medicine and health-related disciplines, the sessions offered seminars in nursing, medical technology and cancer rehabilitation. The topics included "Jefferson Nurses in Action;" "The Clinical Laboratories: Process and Progress;" and "Inter-Professional Contributions to Cancer Rehabilitation." The program was designed to promote the interdisciplinary "team" approach to health care. Dr. John W. Goldschmidt '54 is Dean of the CAHS.

acting chairman

Dr. James H. Lee '45 has been appointed Acting Chairman of the Department of Obstetrics and Gynecology as of March 18, 1974. Prior to his appointment at Jefferson as Professor of Obstetrics and Gynecology in July 1973, Dr. Lee was Professor of Obstetrics and Gynecology at Hahnemann Medical College. Dr. Roy G. Holly resigned the Chairmanship of the Department in March but will remain on the Jefferson faculty as Professor.

affiliation

Jefferson has formalized its affiliation for medical education and patient care with the Philadelphia Naval Hospital and Chestnut Hill Hospital. Jefferson students receive clinical training at the affiliate hospitals, whose medical staffs can qualify for Jefferson faculty appointments. Jefferson has fifteen affiliates in all.

yugoslavia

Two hundred eighteen alumni and their families flew to Yugoslavia in April for Jefferson's twelfth postgraduate seminar. Following stops in Zagreb and Belgrade the tour members then made stops on the Dalmatian coast. Speakers for the seminars were Dr. John J. Gartland 'S44, Dr. E. Marshall Johnson, Dr. William A. Rutter '57, Dr. Peter A. Theodos '35 and Dr. Norman Williams. Dr. Peter A. Herbut, President, officially represented the University. Associate Dean of Continuing Education, Dr. John H. Killough, coordinated the arrangements.

graduate school

Dr. Robert C. Baldrige, Dean of the College of Graduate Studies at Jefferson, hosted a dinner on April 6 for the school's alumni. Founded in 1949 the College has two hundred four men and women who have received advanced degrees from Jefferson. Presently there are approximately one hundred students in the various programs.

nutrition

Jefferson Medical College and Penn State University jointly have received an \$850,000 four-year grant to establish a prototypical program for nutrition education. The grant will enable both institutions to expand their training programs to include more nutrition education for physicians, medical students, health professionals and public school teachers. The Howard Heinz Endowment is providing the grant, which will be coordinated at Jefferson by the Department of Community Health and Preventive Medicine.

Under the direction of Dr. Willard A. Krehl, Professor and Chairman of the Department, the program will emphasize the application of nutrition to clinical problems. Extension of service to the community also is planned, with the institution of nutrition consultation resources and clinic services. Counselling will attempt to convince people that eating well can keep them healthy.

The \$850,000 is the largest single grant ever made in the field of nutrition in this country.

dentistry

After an exhaustive three-year study, a President's Committee on Dentistry issued a comprehensive report in November, 1973 recommending programs in dental education at Thomas Jefferson University. This report was approved in principle by the faculties, the medical staff, various committees, and, on March 4, 1974, by the Board of Trustees.

The bases of dental education shall be (1) the Thomas Jefferson University Hospital Department of Dentistry, which started as the Dental Clinic in 1917 and the Sausser Dental Clinic in 1950, and (2) the Division of Oral Surgery in the Department of Otolaryngology of the Jefferson Medical College.

The programs will be phased in gradually upon specific approval at all appropriate levels of the University

and only after adequate physical facilities, faculty and financing are assured. They shall consist of the following: (1) postgraduate house staff (dental internship and residency) education in conjunction with the Hospital, (2) parodontal education in conjunction with the College of Allied Health Sciences, (3) graduate education in conjunction with the College of Graduate Studies, and (4) dental education *per se* in conjunction with Jefferson Medical College. The plan is to have dental and medical students one and the same until the fourth year when dental students will take a "dental track." At the end of the fourth year they will get an M.D. degree and, at the end of an additional year in dentistry, they will get a D.M.D. degree.

In summary, dental education will be integrated into Jefferson's existing four divisions. A separate College of Dental Medicine will not be created.

Dr. Henry S. Brenman, Associate Professor of Physiology at Jefferson, has been named Acting Chairman of the Hospital's Department of Dentistry. Prior to joining the Jefferson staff as an attending physician in otolaryngology in 1965, he was an Assistant Professor of Periodontology at the University of Pennsylvania School of Dental Medicine.

fellowship

The Gonzalo Aponte Foundation of Puerto Rico has established a Fellowship in pathology at Jefferson open to applicants from Puerto Rico, Spain and other Latin American countries. Training may be in anatomical, clinical or experimental pathology. Information is obtainable from Dr. Gonzalo E. Aponte '52, Chairman of Jefferson's Department of Pathology.

merves lecture

The Annual Merves Distinguished Lecture on the Humanities in Medicine was delivered on April 17 by newscaster Martin Agronsky. His topic was "Washington and

Watergate." The lecture was established in honor of the late Dr. Louis Merves, class of 1937, an Associate Professor of Clinical Medicine at Jefferson.

award

William W. Bodine, Jr., Chairman of Jefferson's Board of Trustees, was presented the American Academy of Achievement's Golden Plate Award in June. Mr. Bodine, who served as President at Jefferson from 1959 to 1966, is President of Philadelphia's World Affairs Council. The American Academy of Achievement annually honors outstanding leaders in business, the professions, science and other fields. The award was presented at a Salute to Excellence weekend in Salt Lake City.

search

Following the resignation of four department chairmen and the retirement of one, Search committees at the Medical College are most active. Alumni are invited to submit names of possible candidates to the faculty chairmen of the various search committees for review.

Dr. Robert I. Wise, The Magee Professor of Medicine, who has served in that capacity since 1959, has requested early retirement in June, 1975. Names of candidates should be forwarded to Dr. Simon Kramer, Chairman of the Department of Radiation Therapy. Both Dr. Roy G. Holly, Chairman of the Department of Obstetrics and Gynecology, and Dr. Floyd S. Cornelison, Chairman of the Department of Psychiatry, also have tendered their resignations, although both will remain at Jefferson as Professor in their specialty. Chairman of these Search committees respectively are Dr. John J. Gartland, the James Edwards Professor of Orthopaedic Surgery, and Dr. John F. Ditunno, Jr., Chairman of the Department of Rehabilitation Medicine. The Search committee for Neurosurgery is headed by Dr. Jay J. Jacoby, Chairman of the Department of Anesthesi-

ology. Dr. Philip Gordy retired in May of 1973.

And finally, Dr. John J. O'Keefe, Chairman of the Department of Otolaryngology will retire in June of 1975. The search for his successor is under the direction of Dr. Paul D. Zimskind, the Nathan Lewis Hatfield Professor of Urology.

lindback awards

The 1974 Christian R. and Mary F. Lindback Awards for Distinguished Teaching were presented at Jefferson on June 6 at Class Day Ceremonies in McClellan Hall. The award in basic sciences went to Dr. Anthony J. Triolo, Associate Professor of Pharmacology; Dr. Edward D. McLaughlin, '56 Associate Professor of Surgery, was honored in the clinical sciences.

Dr. McLaughlin, who is the Associate Chairman of Mercy Catholic Medical Center's Department of Surgery and Director of the Misericordia Division, joined the Jefferson faculty in 1967 as an Associate in surgery. Prior to that time he had served his internship and residency at Jefferson and had received several special fellowships from the American Heart Association, the National Cancer Institute and the National Heart Institute, under which auspices he spent two years at Massachusetts General Hospital.

A Fellow of the American College of Surgeons and a Diplomate of the American Board of Surgery, Dr. McLaughlin also belongs to the Philadelphia Academy of Surgery and the Pennsylvania Thoracic Society, among others. The physician has received many awards for his research activities, among them the James Ewing Award of Memorial Hospital for Cancer and Allied Diseases for his cancer research, the national and regional Mead Johnson Award for research and the Americus Award of the Knights of Columbus for contributions to the field of cancer research. He is active in civic affairs and is the author of many scientific papers.

Dr. McLaughlin and his wife, Marylou, have four children.

Dr. Triolo received his Ph.D. in pharmacology from Jefferson in 1964. Appointed at Jefferson as an Instructor, he became an Associate Professor in 1964. He teaches medical and nursing pharmacology, drug metabolism and toxicology at Jefferson, and his primary research interests include toxicologic interactions between insecticides and carcinogens and biochemical pharmacology. He has published widely in his field. At Jefferson he is active on committees at the departmental and university levels. Dr. Triolo, his wife and three children reside in Havertown.

parents' day

Parents' Day, the program scheduled annually by the Alumni Association in conjunction with the Dean's Office, was held last March 22 at the Medical College. Beginning at ten o'clock two hundred sophomore parents were guided through the University to areas of special importance. They met their sons and daughters for luncheon in Jefferson Alumni Hall. Dr. Russell Schaedler '53 served as toastmaster and Dr. Gonzalo E. Aponte '52 was speaker on behalf of the faculty. The afternoon program on open heart surgery was presented by Dr. John Y. Templeton, III, '41, Professor of Surgery.

portrait

The JMC Class of 1974 has chosen Dr. John J. Dowling '47 as this year's portrait subject. Since 1924 each graduating class has presented a portrait of its most respected teacher to the College and the selection as a subject is considered one of the greatest honors a Jefferson professor can receive.

A long-time Jeffersonian, Dr. Dowling served his internship and residency at Jefferson and joined the JMC faculty in 1955 as an Assistant in Orthopaedic Surgery. In 1973 he became a full Professor. In addition to his teaching responsibilities at

Jefferson, Dr. Dowling is Chief of the Department of Orthopaedic Surgery at Lankenau Hospital and is a Consulting Orthopaedist at Misericordia Hospital in Philadelphia. He also has been active at the State Hospital for Crippled Children in Elizabethtown, Pennsylvania and recently received the Thomas Foster Bright Award, a community service citation by the Main Line Junior Chamber of Commerce, for his thirteen years of service at St. Edmond's Home for Crippled Children in Rosemont.

In 1971 Dr. Dowling received the Christian R. and Mary F. Lindback

Award for Distinguished Teaching. In 1973 he was also honored for distinguished teaching by Phi Alpha Sigma fraternity.

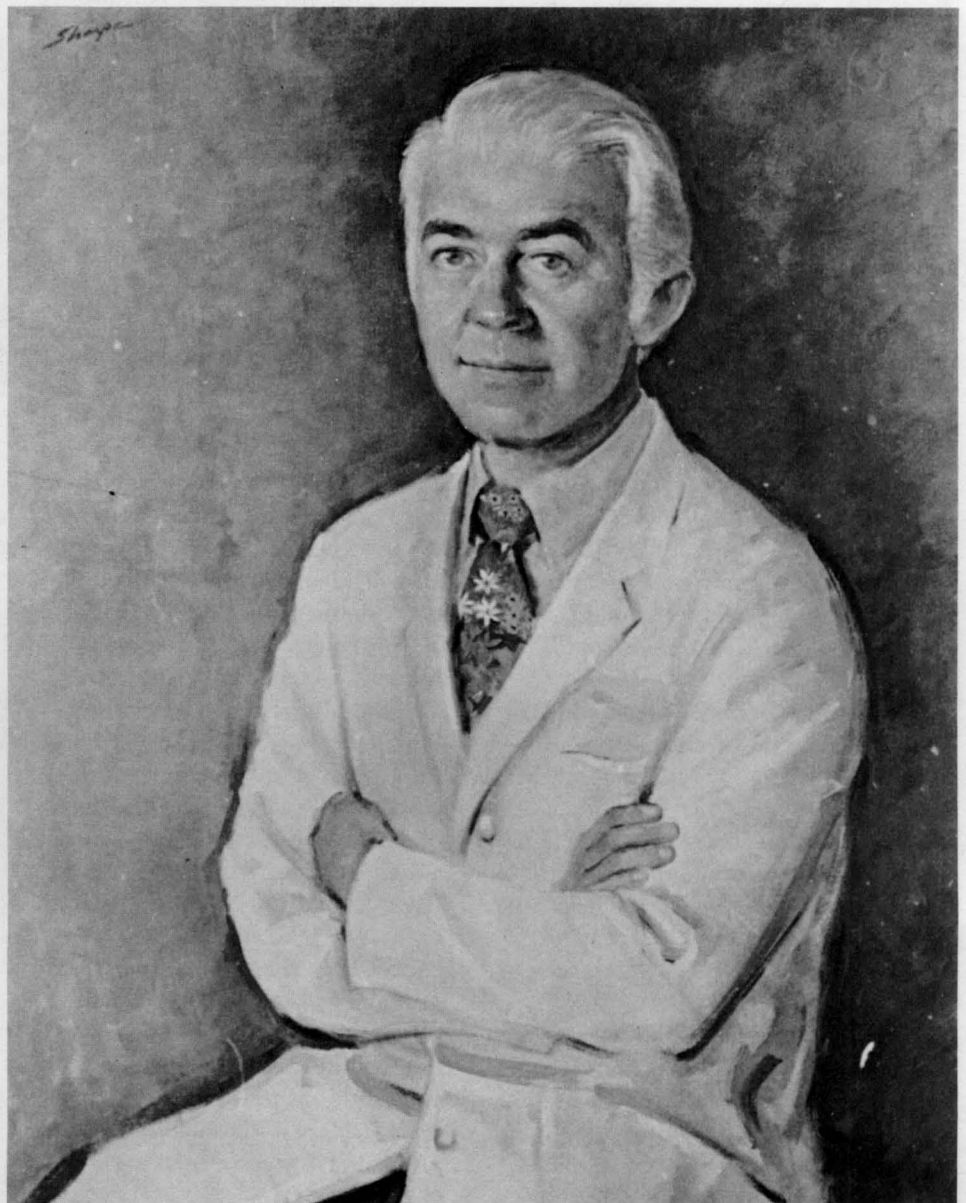
In addition to his professional activities Dr. Dowling has served many years on the Admissions Committee of the College and presently is serving as Chairman of the Alumni Achievement Award Committee for the Association.

The physician is a member of the American Academy of Orthopaedic Surgeons, the Philadelphia County Medical Society and the Pennsylvania State Medical Society. A resident of Gladwyne, he and his wife, Lynn, have

four children. His daughter, Katie, is married to Jefferson sophomore student, Frank DeLone.

The presentation took place on Wednesday, May 8 in McClellan Hall. Dr. John J. Gartland 'S44, the James Edwards Professor of Orthopaedic Surgery and Chairman of the Department and long time personal friend of the honored physician, gave the biographical sketch. Chairman of the Portrait committee for 1974 was Dr. Jay S. Schinfeld.

The portrait by Marion Sharpe presently is on display on the second floor of the Scott Library. This is her second portrait for Jefferson.



Dr. John J. Dowling '47: having your portrait painted is one of the greatest honors a Jefferson Professor can receive.

Class Notes

1909

The widow of **Dr. Christopher S. Barker** writes that her son Christopher, Jr., is a retired Rear Admiral and is serving his third term in the North Carolina House of Representatives. Her son Charles is a dentist. She resides at 711 Broad St., New Bern, N.C.

1916

Dr. Hamilton R. Fishback, 1514 Oxford, Berkeley, Ca., is Emeritus Professor of Pathology at the University of California at Berkeley. He recently was speaker with his wife at a meeting of the Armchair Explorers of the College Women's Club there.

1921

Mrs. Glenn R. Frye, Hickory, N.C. writes that when the new wing of the Richard Baker Hospital there was dedicated last spring it was renamed the Glenn R. Frye Memorial Hospital. Dr. Frye died last September. The announcement stated "this is really a tribute to his hard work and dedication. He was in the hospital six and seven days a week for most of his life." Dr. Frye's association with the hospital began in 1929 as Administrator when the hospital had only fourteen beds. Through his efforts the new hospital will ultimately go to two hundred and twenty beds. The new expansion will total one hundred eighty-four beds.

1923

Dr. Theodore C. Zeller, 2519 Morlock Ave., McKeesport, Pa., writes that he "spent a snowless winter in Georgia; otherwise no change from last year."

1926

Dr. George C. Griffith, P.O. Box 672, La Canada, Ca., was named La Canadian

Mrs. David B. Allman, widow of Dr. Allman, class of 1914, has given Jefferson \$60,000 through a pooled life income gift to establish a memorial scholarship in his name. Dr. Allman, who died in March 1971, was a past President of the American Medical Association, a past President of Jefferson's Alumni Association and had served as an Alumni Trustee. Mrs. Allman resides in Brigantine.

Amazing But True

In 1908, at the age of fourteen while living in Wilkes-Barre, Pennsylvania, I made an oil-painting from a post card depicting two hunting dogs in a field and titled "A Brace of Setters" (below, left). To avoid being accused of all out plagiarism I changed the background from a field to a wooded area. No other change was made.

On January 24 of this year (sixty-six years after I made my oil-painting) while viewing an art exhibit in The Sunshine Mall, a shopping center in Clearwater, Florida, I recognized a very recent painting of the same two dogs with the original background as depicted on the original post card (below, right). Upon questioning the artist I learned that the source for the subject of his painting was a post card which he had found in a collection of his deceased mother's keepsakes. And then to my surprise I discovered that the exhibiting artist, Leighton P. Appleman, was the son of the late Dr. Leighton Francis Appleman, my teacher of Materia Medica and Prescription Writing while I was a medical student at Jefferson from 1912 to graduation in 1916. Dr. Appleman also was on the staff of Wills Eye Hospital and as an ophthalmologist examined my eyes for my first pair of eye-glasses. The late Dr. Appleman's son is retired and lives with his wife in Largo, Florida. Painting is his hobby.

William T. Palchanis, M.D. '16



of the Year by the Kiwanis Club there. He was honored at a luncheon for his outstanding medical career in cardiology and for his service to humanity.

1932

Dr. Francis F. Fortin, 40 Pondview Dr., Springfield, Ma., was honored on the occasion of his retirement with a dinner given by his patients and friends. He estimates he has delivered some 12,000 babies in his thirty-five years of practice. Dr. Fortin was Chief of Gynecology and Obstetrics at Mercy Hospital there and Acting Chief at Wesson Maternity Hospital. He was a member of the Founders Group of both the American College of Obstetricians and Gynecologists and the American College of Surgeons.

1934

Dr. James T. Lohnes, Jr., R.D. 2, Box 228, Johnsonville, N.Y., writes that several years ago an illness grounded him for a few months. "Then limited my country practice to light office hours, a few appointments and house visit only when

really urgent. I enjoy the relief from pressure and don't push myself so much." He spends his leisure time playing golf and skeet or trap shooting.

Dr. Harold J. Shanks has retired to 811 Camino Amigo, Danville, Ca., following thirty-seven years of practice in the communities of Pleasanton and Livermore in California.

Dr. John P. Shovlin, 20 Hendrick La., Carbondale, Pa., has retired as superintendent of Farview State Hospital in Waymart, Pennsylvania. He had been affiliated with the institution for thirty-six years and has been superintendent since 1949. Dr. Shovlin is a life Fellow of the American Psychiatric Association.

1935

Dr. Seth D. Revere, Box 1069, Chickasha, Ok., an internist, has retired from the Chickasha Clinic after twenty-seven years of service. During this time he has been Chairman of the Clinic's Board of Directors, Chief of the Medical Staff and Chief of the Department of Medicine at Grady Memorial Hospital. He was

honored at both a luncheon and dinner on the occasion of his retirement.

Dr. Peter A. Theodos, 1930 Chestnut St., Philadelphia, a Clinical Associate Professor of Medicine at Jefferson, presently is serving as President of the Christmas Seal Association.

1936

Dr. Paul G. Ebner, 35 Lane of Acres, Haddonfield, N.J. is serving as President of the West Jersey Hospital professional staff. Dr. Ebner is an obstetrician gynecologist.

1937

Dr. Woodrow S. Dellinger, 104 S. Main St., Red Lion, Pa., was honored as the Distinguished Alumnus of 1974 at activities on May 4 at Lebanon Valley College. A general practitioner, Dr. Dellinger has a long record of service to his community. He is President of the Board of Trustees of the Bethany United Methodist Church, a founder and past President of the Red Lion Rotary Club and a past President of the school board, a post he held for ten years. In 1967 he received the American Legion Award for outstanding service to the community. In 1947 he was named Outstanding Young Man of the Year by the Junior Chamber of Commerce. He presently is serving his second term as a Trustee of the College.

1938

Dr. Albert M. Biele, 1530 Locust St., Philadelphia, has been promoted to Clinical Professor of Psychiatry and Human Behavior at Jefferson.

1939

Dr. Donald W. Bortz, Virdon Hill, Greensburg, Pa., served as Marshal at the annual convocation of the American College of Physicians, meeting in New York on April 1. Dr. Bortz is a cardiologist in Greensburg.

1940

Dr. James R. Herron, Jr., 1055 Haddon Ave., Collingswood, N.J., completed his term as President of the Camden County Medical Society in May of '74. Dr. Herron has a practice of obstetrics and gynecology.

Dr. Stephen E. Matsko, 15 Tresckow Rd., McAdoo, Pa., Chief of Surgery at St. Joseph's Hospital in Hazleton, is serving as President of the Hazleton Branch of the Luzerne County Medical Society. His son, Stephen, is a junior at Penn State,

and his daughter, Jane, a junior in high school.

Dr. Thomas B. Mervine, Red Bank Ave., Woodbury, N.J., became part of the **Congressional Record** on December 18. The Honorable John E. Hunt of New Jersey, a patient at the Woodbury Memorial Hospital, made known his feelings about the state of America. Dr. Mervine sent him a copy of an article titled "My America." Mr. Hunt was so impressed with its content that he read it into the **Record** noting his thanks to Dr. Mervine.

1941

Dr. Arthur F. Hoffman, 3619 Harris Rd., Ft. Wayne, Ind., writes that his son, Gregory, is a freshman at Jefferson. He is a clinical anesthesiologist with the Ft. Wayne Anesthesiologists, Inc.

Dr. Paul H. Pettit, 65 Walnut Rd., Ocean City, N.J., served as President of the Cape May County Medical Society in 1973. Dr. Pettit has a practice of ophthalmology in Ocean City.

Dr. Henry V. Ratke, 831 Hepburn St., Williamsport, Pa., is serving a two-year term as President of the Alumni Association of Catholic University of America. He participated in the commencement activities last May in Washington.

Dr. Frederick A. Robinson, 1900 Garrett Rd., Lansdowne, Pa. has retired as Chief of the Out-patient Service at Philadelphia General Hospital and also from his post at the University of Pennsylvania Medical School. He maintains his private practice of internal medicine.

Dr. Robert W. Wolford, 691 Stewart La., Mansfield, Oh., has accepted the position of Health Commissioner for the Mansfield-Richland counties. Dr. Wolford will plan, review and evaluate city and county public health programs in these areas.

1943

Dr. William E. Conrady, 307 7th Ave., Patterson Heights, Beaver Falls, Pa., has been named a Fellow of the American College of Radiology. He is affiliated with the Medical Center of Beaver County and Ellwood City Hospital.

Dr. Leonard S. Davitch, 1001 City Avenue, Philadelphia, has been promoted to Clinical Assistant Professor of Medicine at Jefferson.

Dr. Bernard J. Miller, Andorra Rd., Lafayette Hill, Pa., has been promoted to Clinical Assistant Professor of Surgery at Jefferson.

The Kabul Physician

by **Paul H. Morton, M.D. '38**

It is a well-known fact that many of the young doctors from the underdeveloped countries never return to their native lands after completing postgraduate work in the United States. Their reluctance to leave the U.S. is understandable, because of the primitive means of diagnosis and treatment they are often faced with at home. But their countries need them desperately, and this, I think, is one of the best reasons of all for programs such as Care/Medico, which brings instruction and training in post-graduate medicine and surgery to them instead of making them come to us.

Under the auspices of Care/Medico I spent the month of September, 1973 at Avicenna Hospital in Afghanistan. The doctors at Avicenna, in my opinion, are as good as any I have seen, and can rank highly among their peers in any country in the world. They are greatly to be admired for their aspirations and accomplishments in the face of overwhelming odds.

For example, the physical plant of Avicenna Hospital leaves much to be desired, and the completion of the new Avicenna is still a year or so away. In the meantime, all roentgenograms must be done in the adjacent Avicenna Chest Clinic, where the patient has to pay the cost promptly for each and every radiological procedure. In a country so beset with respiratory disease there should be free chest X-rays for every citizen and free treatment for every victim of tuberculosis.

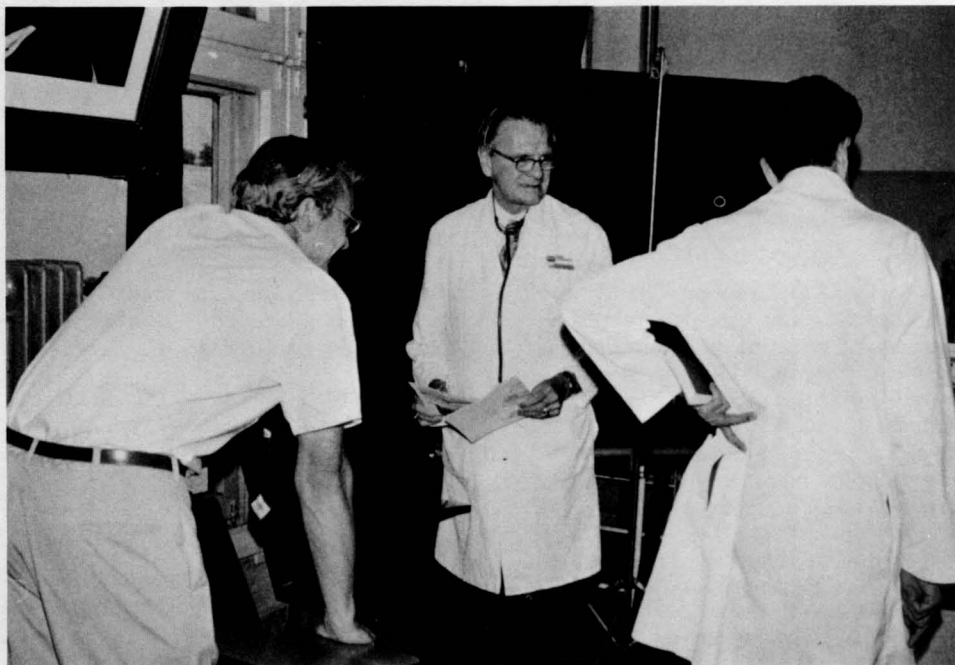
Also, laboratory services are put to a severe test. Many important and necessary tests have been delayed or have not been obtainable at all. One of the pieces of equipment which would be of

the greatest value in this country, because of the great prevalence of chronic obstructive and restrictive pulmonary disease, would be the apparatus for quickly and accurately determining the arterial blood pH, pCO_2 and pO_2 . That such apparatus is simply not available under such circumstances is utterly beyond credence, for one of the most frequent diseases in this country is pulmonary disease including tuberculosis, and pulmonary emphysema, with chronic cor pulmonale one of the most frequent of cardiac diagnoses.

The question of sanitation is too monumental to discuss. Intestinal parasites (ascariasis, amebiasis, echinococcus, giardiasis, etc.) are rampant infestations among patients admitted to Avicenna Hospital, and apparently widely endemic throughout the country. Intestinal infections such as salmonellosis (typhoid fever, etc), shigellosis are commonly found and one must be constantly on guard, for even the drinking water is suspect wherever one goes. Although very few Moslems partake of alcoholic drinks, hepatitis and post-infectious (hepatic) cirrhosis are a common finding in patients of all ages. Many of them have marked ascites abdominis. I saw no cases of cholera, and I understand that smallpox has been practically eradicated from the country.

It is apparent that many changes are occurring in Afghanistan in the wake of the revolution or coup which took place recently, and that conditions are bound to improve in many respects. I am certain the Minister of Health and the new Republican Government officials realize the importance not only of the early completion of the new hospital but also of the critical need for many health services for the citizens of the Republic of Afghanistan.

My time in Afghanistan was very constructively utilized, thanks to the guidance of the Team Internist, Dr. H. Leonard Jones. Dr. Jones was a Clinical Associate Professor of Medicine at Jefferson from 1964 through 1967, coordinating the teaching program at the Philadelphia Naval Hospital. He introduced me to the residents, interns, nurses and hospital personnel at Avicenna. At his suggestion and with his help I set up a course of twelve lectures and demonstrations on the subject of cardiology. Some of the topics included: the electrocardiogram, ventricular and supraventricular arrhythmias and blocks, drugs and cardiovascular disease, heart sounds and murmurs and the monitoring of the cardiac patient. The lectures took place three or four times weekly. They were well attended and much time was spent



Dr. Morton '38

answering very intelligent and cogent questions.

Most of the material used in the series was from the book, "Practical Electrocardiography" 1972, Fifth Edition, by H. J. Marriott, (Williams and Wilkins, Baltimore, Md.), and his Tampa Tracings slides were used very effectively. Dr. Marriott's concepts of electrocardiogram interpretation were emphasized throughout as being those most universally acceptable at the present time. Illustrations by Netter from Ciba's monumental volume "The Heart" were used very effectively also.

The subject of cardiology is a pertinent one for the Afghani, because although cases of myocardial infarction are not as frequently found in Afghanistan as they are in the U.S., other cases of heart disease are. For example, a case of miliary tuberculosis with involvement of the pericardium and the conduction system was on the wards during my stay; also several cases of rheumatic valvular heart disease which are rather numerous in Afghanistan.

The residents in medicine at Avicenna are without a doubt among the best trained and most intelligent I have ever seen. This is partly because only about one in five thousand applicants ever attains admission to a medical school after very competitive examinations. But it is also because of the excellent clinical training and bedside teaching being done by the Team Internist, Dr. Jones, and the visiting specialists. The resident physicians and interns at Avicenna thus receive training in the various aspects of

internal medicine that is probably unparalleled in any other foreign medical institution except perhaps Beirut.

I did not keep any statistics of my work here. I do not consider it pertinent to my work. At times I was called upon to consult in cases involving prominent persons in and out of the hospital which I did without delay or hesitation, no fees being accepted or ever permissible.

We found Kabul to be hot, dry and dusty in August, but the weather began to cool slightly as the tour of duty ended. The Inter-Continental Hotel, which is located on a hill to the west of the valley, is delightful. We were placed in a most pleasant room overlooking the valley toward the rising sun. The management installed a small electric refrigerator in our room and we were allowed to bring in light foodstuffs and to make tea and coffee by means of an electric heating coil. This was the first time we had ever "camped out" in a luxury hotel. In fact, our room at the Kabul Inter-Continental was just about perfect, and we could not have been treated better anywhere. One weekend we were privileged to visit Bamiyan and the Band-i-amir Lakes, and when we eventually left Kabul, we drove through the fabled Kyber Pass into Pakistan and India.

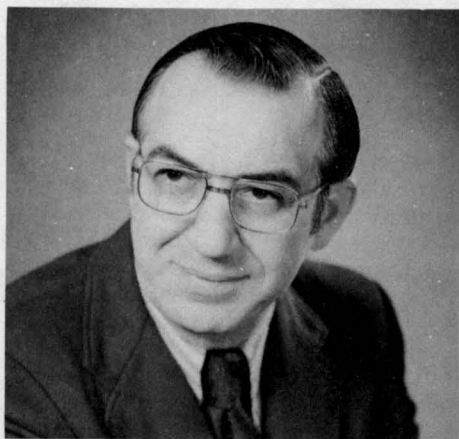
To summarize I should like to say that my reaction to Care/Medico's effort in Afghanistan is one of supreme praise and approval. But I am aghast at the size of the task they have set for themselves. They can succeed only with the full and unstinting support of the government of Afghanistan.

1944J

Dr. Vincent J. Cattie, 8040 Roosevelt Blvd., Philadelphia, is serving as President of the Medical Staff at Nazareth Hospital. He recently was cited for his twenty-five years in medical practice as a surgeon.

1945

Dr. Raymond C. Grandon, Grand Acres Mounted Rt., New Cumberland, Pa., is the new President of the Pennsylvania Society of Internal Medicine. He was installed at the annual spring meeting in King of Prussia. Dr. Grandon also is President of the Medical Bureau of Harrisburg, a member of the Board of Trustees and Councilors of the Pennsylvania Medical Society and a member of the Board of Medical



Dr. Grandon '45

Education and Licensure of the Commonwealth of Pennsylvania. He is a Clinical Assistant Professor of Medicine at the Milton S. Hershey Medical Center and is on the medical staffs of the Harrisburg, Holy Spirit and Rehab Hospitals in the Harrisburg area.

Dr. Robert B. Jeffrey, 2401 Norwood Ave., Easton, Pa., writes that his son, Jeffrey, Jr., graduated from Jeff in June. "All tuitions are paid and done."

Dr. James H. Lee, Jr., 336 Crum Creek Ln., Newtown Square, Pa., gave the Estelle Lasko Memorial Lecture at the second annual conference on cancer in Chester county. Dr. Lee is Acting Chairman of the Department of Obstetrics and Gynecology at Jefferson (see page 26).

Dr. William T. Lineberry, who had been serving as Commanding Officer at the Naval Regional Medical Center in Bremerton, Washington, has been reassigned to the Dispensary at the Naval Support Activity in New Orleans as

Commanding Officer. He also serves as District Medical Officer.

1949

Dr. George A. Farrell, 1300 Grand Ave., San Diego, Ca., was made a Fellow of the American Academy of Family Practice last year. He and his family have been in the area for twenty years and completely enjoy the weather and the many outdoor activities.

Dr. Edward H. Robinson, Box 351, Greenville, Pa., is President of Mercer County Family Guidance Clinic and is Medical Director of Alcohol Services at Greenville Hospital.

Dr. Erwin R. Smarr, 442 Warwick Rd., Wynnwood, Pa., has been appointed Director of Professional Education at the Philadelphia Psychiatric Center. A Clinical Assistant Professor of Psychiatry at Jefferson, Dr. Smarr presently is President-elect of the Philadelphia Society for Adolescent Psychiatry. He also is Attending Psychiatrist at Bryn Mawr Hospital.

Dr. Robert E. Stark, 15 E. Country Club Dr., Phoenix, Az., reports two sons graduated from Arizona State University with three sons still attending. His daughter is a junior at Stanford.

Dr. Richard M. Whittington, 5 Nelson St., Rockville, Md., writes "in 1949 Eileen (my wife) with two other gals made drapes for the AKK house at Jeff. Twenty-five years later Eileen is making drapes for the AKK house at Jeff, this time for my son, Rich, who is a sophomore at Jeff. Will she be up to it in another twenty-five years for a grandchild?"

1950

Dr. Robert C. Bair, 48 Pearl St., Wellsboro, Pa., has been elected President of the Medical and Dental Staff at Soldiers and Sailors Memorial Hospital where he is Chief of Surgery.

Dr. Martin Goldberg, 158 Gramercy Rd., Bala Cynwyd, Pa., conducted three "Meet the Professor" sessions on Modern Concepts of Renal Disease and Electrolyte Metabolism at the spring meetings of the American College of Physicians. He also participated in two other scientific sessions of the meetings. Dr. Goldberg is Professor of Medicine and Chief, Renal Electrolyte Section of the University of Pennsylvania School of Medicine.

Dr. James R. Hodge, 295 Pembroke Rd., Akron, Oh., has been named a Fellow of the Society for Clinical and Experimental Hypnosis.

Dr. Patrick A. Mazza, 1307 Orchard Rd., Wyomissing Park, Pa., has been appointed Director of the new family practice residency program at St. Joseph's Hospital. Dr. Mazza is President of the Medical Staff there.

Dr. Donald K. Sass, Holly Lane, Woodstown, N.J., changed his specialty from Ob Gyn to Radiation Therapy. He finished his residency in July of '72 and presently is practicing at Cooper Hospital.

1951

Dr. Herbert C. Dodge, 504 Barbara Circle, Merion, Pa., was installed as President of the Pennsylvania Society of Anesthesiologists in May.

Dr. Harry A. Kaplan, 1501 Paper Mill Rd., Erdenheim, Pa., has been appointed a Clinical Instructor in Family Medicine in Jefferson's new program. Dr. Kaplan is at an affiliate hospital, Chestnut Hill.

Dr. John W. Langley, 4960 Challen Ave., Riverside, Ca., is a Diplomate of the American Academy of Family Practice. He looks forward to returning to Philadelphia in '76 for his twenty-fifth reunion.

Dr. Lester E. McGeary, 448 Ridge Ave., New Kensington, Pa., writes that his son, Jim, is a member of the class of '75 at Jeff.

Dr. Simon Piovanetti, 204 Pintor Campeche St., Hato Rey, P.R., reports that his daughter, Yvette, has been accepted at Jefferson for the class of 1978. The Piovanettis were at Jefferson in March and participated in the Parents' Day Program.

Dr. Calbert T. Seebert, 1114 Ramblewood Rd., Baltimore, Md., is a member of the Department of Anesthesia of the Baltimore City Hospitals. He notes "that classmate **Pete Chodoff** as Anesthetist in Chief of Baltimore City Hospitals, is my boss."

Dr. Frank J. Sweeney, Vice-President for Health Services, Thomas Jefferson University, served as Co-chairman for a session on infectious diseases during the fifty-fifth annual meeting of the American College of Physicians in New York last spring. Dr. Sweeney is Governor for the eastern half of Pennsylvania.

Twenty-six for Forty-eight

Twenty members of the Class of 1948 gathered at Seaview Country Club at the Jersey Shore over the Memorial Day week-end to renew old friendships and celebrate the twenty-sixth Reunion.

Activities began Friday evening with a cocktail party and continued on early Saturday morning with an academic session (an obvious error in scheduling). The subject "The Future of Medical Education" was presented by John Atkinson and was followed by an extensive question and sometime answer period. In the afternoon two foursomes battled the Bay course going across and through scenic areas of water and sand to determine the winners of the annual Class Golf Tournament. Past champion, Thomas McBride, brought and took home the best player trophy and Norman Quinn, unexpected champion, won the

second trophy the qualifications for which have never been defined. Rudolph DePersia, Chairman of the Golf Committee, was the official score keeper.

In the evening another cocktail party provided the opportunity for the presentation of awards and the announcement that the Class of 1948 was currently in first place in Annual Alumni Giving. An appropriate celebration took place at a dinner dance which followed.

The 1974-75 Reunion Committee consisting of Pat Frank, Earl Moyer, Charles Foster, John Rushton, John Atkinson, Thomas McBride, Rudy DePersia, Steve Pascucci, Ernest Shander and Norm Quinn selected Skytop for 1975 and the twenty-seventh Reunion. Steve Pascucci will be acting host and young Steve will be the official photographer.

1952

Dr. Bernard W. D. Fong, 97 Dowsett Ave., Honolulu, Hi., was the Assistant Marshall at the convocation of the annual meeting of the American College of Physicians in New York last spring. Dr. Fong practices internal medicine in his native state.

Dr. John M. Grasse, Jr., has returned to private practice in the Mennonite community of Ephrata, Pennsylvania. His address is 328 N. Maple St.

Dr. James M. Hofford, 211 Oakwood Rd., Wilmington, De., has been promoted to Clinical Associate Professor of Medicine at Jefferson. He is associated with the Wilmington Medical Center.

Dr. Kurt E. Lauer, 241 W. 97th St., New York, is practicing cardiology and internal medicine there and also is on the teaching staff at Mt. Sinai Medical Center (Elmhurst Division) in Yonkers. He has two daughters, 15 and 10.

1953

Dr. James M. Hunter, 243 S. Tenth St., Philadelphia, was course Chairman for a symposium "A Decade of Tendon Surgery" in Philadelphia last March sponsored by the American Academy of Orthopaedic Surgery. Forty faculty members and five hundred physicians participated. In April he participated in a hand symposium sponsored by the Department of Orthopaedic Surgery at Georgetown University and served as session Chairman and keynote speaker (Ligament and Tendon Prostheses) at the Sixth Annual International Biomaterials Symposium at Clemson University in South Carolina.

Dr. Robert L. Krasney, 4127 Atlantic Ave., Atlantic City, N.J., completed his term as President of the Atlantic County Medical Society in June. Dr. Krasney is an internist.

1954

Dr. Frank R. Clarke, 376 S. Bellevue Ave., Langhorne, Pa., is serving as Superintendent of the Philadelphia State Hospital, Byberry. He recently presented a citation to **Dr. Murray Caplan '59**, Clinical Director at the Hospital, for the Jefferson unit there. The citation was for the "Greatest Improvement by a Clinical Unit."

Dr. Lambert G. Eichner, 963 Boulder La., Berwyn, Pa., an internist, recently has completed a medical building in nearby Broomall.

Dr. Jack W. Fink, 126 Holly Dr., Lansdale, Pa., reports that he and his wife, Janet, thoroughly enjoyed a recent tour through Russia.

Dr. Anthony L. Forte, 1630 Entrada Octava, Tucson, Az., writes that "things here are very good and we are very fond of the area—100% change from Philadelphia."

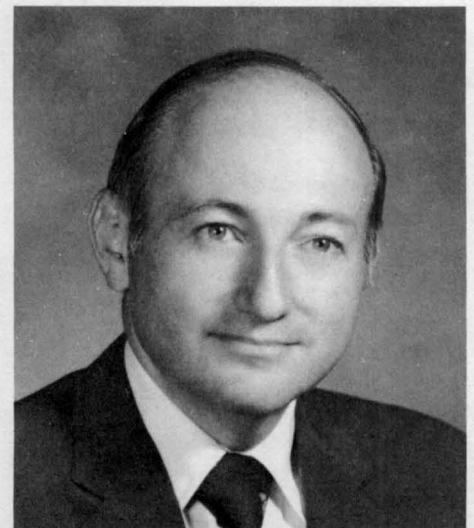
Dr. John J. Goodwin, Jr., South Blue Church Rd., Coopersburg, Pa., has joined the psychiatric staff of the General Hospital of Monroe County. He will conduct outpatient evaluations and medication review.

Dr. Robert A. Hinrichs, 2007 Galatea Tr., Corona del Mar, Ca., is President-elect of the Hoag Hospital in Newport Beach. His oldest daughter will attend the University of Arizona.

Dr. W. Robert Jacobs, 256 Roseberry St., Phillipsburg, N.J., served as President of the Warren County Medical Society during the past year. His term was completed in June.

Dr. Robert E. Laurie, 575 Easton Ave., Somerset, N.J., has been named Director

Dr. Laurie '54



FINAL REPORT: 26TH ANNUAL GIVING FUND

\$353,000

from 2,969 donations

(see Sesqui Report, back cover)

Thanks to all who support Annual Giving,
the Sesqui or both.

of Clinical Research (Endocrinology) at Hoechst Pharmaceuticals, Inc., in Somerville. Since 1971 he was Chief, Office of Consumer Care, Dade County, Florida, Department of Public Health. He also served as Obstetrical Consultant to the Bureau of Maternal Health and Family Planning.

Dr. David H. Schonholz, 1212 5th Ave., New York, has been made Associate Director of the Ob-Gyn service at the Mt. Sinai School of Medicine, Elmhurst Division.

1955

Dr. Roger C. Laauwe, 930 Berdan Ave., Wayne, N.J., served as Secretary of the Passaic County Medical Society through May of '74.

Dr. Paul M. Selfon, 13116 Foxhall Dr., Silver Spring, Md., has been appointed Chairman of the Occupational Health Committee of the Medical Society of the District of Columbia. He also is Chairman of the Medical Review Board of the National Oceanic and Atmospheric Administration's Divers Program.

Dr. Thomas H. Voshell, Jr., 413 W. Chickasaw Rd., Virginia Beach, Va., retired from the Navy Medical Corps in January.

1956

Dr. Robert N. Cottone, Forest and Franklin Sts., Trenton, N.J., is Chief of Urology at St. Francis Hospital, there, and also serves as Vice-President of the staff.

Dr. Edward D. McLaughlin, Mercy Catholic Medical Center, Misericordia Division, Philadelphia, has received the 1974 Christian R. and Mary F. Lindback Award for Distinguished Teaching. Dr. McLaughlin, Associate Professor of Surgery at Jefferson and Associate Chairman of Mercy Catholic Medical Center's Department of Surgery and Director of the Misericordia Division, received the award for teaching in the clinical sciences. (See page 27).

1957

Dr. Stephen J. Kendra served as Commanding Officer of Preventive Medicine at Unit #6 in Pearl Harbor prior to June. Since then he has been reassigned as CO of Preventive Medicine in San Diego.

Dr. Alex J. Krawczun, 14 Constance Dr., Trenton, N.J., and his wife, Dr. Mary A. Rorro, a 1964 graduate of Hahnemann Medical College, are practicing in Trenton. They have two daughters, Lisa and Diane.

1958

Dr. Malcolm L. Cowen, 101 Roanoke Rd., Cherry Hill, N.J., has been selected a Captain in the U.S. Navy. He is stationed at the Naval Hospital in Philadelphia.

Dr. Norman A. Fogel, 909 Interama Blvd., North Miami Beach, Fl., writes "still enjoy the Florida life. However, the state is getting too crowded and before we tip into the ocean discourage your friends and family from settling here."

Dr. Francis K. Moll, 130 W. Market St., Danville, Pa., has been appointed an Associate in orthopaedic surgery at the Geisinger Medical Center. Dr. Moll practiced in Woodbury, New Jersey, following his retirement from the Navy. While in the Navy he was Chief of Orthopaedics at the Naval Hospital in Annapolis.

1959

Dr. Joseph Baka, 10606 Tanager Tr., Brecksville, Oh., is Chief of Orthopaedics at Parma General Hospital. He is practicing this specialty with a four-man group in suburban Cleveland.

Dr. David T. Beauchamp, 497 Valley Rd., Watchung, N.J., Chief of Obstetrics and Gynecology at the Rahway Hospital, is a member of both the American College of Obstetricians and Gynecologists and the American College of Surgeons.

Dr. Patrick J. Ferraro, 512 Tulip Ci., Clarks Summit, Pa., has been appointed by the county commissioners to set up an emergency medical program tying all available ambulance and emergency vehicle service to one or more trauma centers to be developed in local hospitals.

Dr. Malcolm Kates, 235 Spruce St., Philadelphia, has been promoted to Clinical Assistant Professor of Medicine at Jefferson. He is associated with Methodist Hospital.

Dr. Jack Lubin, 1265 N. Biscayne Pt. Rd., Miami Beach, Fl., is an Assistant Professor of Pathology at the University of Miami School of Medicine. Full-time at Mt. Sinai, he passed his subspecialty boards in Blood Bank in 1973.

Dr. Carl F. Schultheis, Jr., 425 Regimental Rd., King of Prussia, has joined the affiliate staff at Phoenixville Hospital. In addition, the pediatrician is on the staffs of Bryn Mawr, Montgomery, Sacred Heart and St. Christopher's Hospital for Children. He is a Fellow of the American Academy of Pediatrics.

1960

Dr. David M. Leivy, 29 Crane Rd., Lloyd Harbor, N.Y. has been appointed Clinical Assistant Professor of Neurosurgery at the new Stony Brook Medical School. He and his wife, Nancy, have two children, 13 and 11.

Dr. Irving Melnick, 1040 Main St., Danville, Va., is practicing at the Danville Urologic Clinic. He has been conducting studies on the use of magnesium in the treatment of kidney stones. He and his wife, Dove, have four children ranging from 13 to 4.

Dr. Myron E. Rosenfeld, Foxcroft Square Apts., Jenkintown, Pa., has been promoted to Assistant Professor of Dermatology at Temple University Medical Center.

1961

Dr. Louis Brown, 136 Mohawk Dr., West Hartford, Ct., has been admitted to the Society of Thoracic Surgeons.

Dr. Allen E. Chandler, 901 Mt. Airy Ave., Philadelphia, has been promoted to Clinical Instructor in Pediatrics at Jefferson. He is associated with Mercy Catholic Medical Center.

Dr. Kenneth M. Given, 13 Laurence Pl., Plymouth Meeting, Pa., has been appointed a Clinical Instructor in Medicine at Jefferson.

Dr. Marvin Grossman, 409 Route 70, Cherry Hill, N.J., is Chief of Cardiology at Our Lady of Lourdes Hospital in Camden. A baby girl, Paige Sydra, was born October 25.

Dr. Barry M. Kotler, 17 Meredith Pl., Piscataway, N.J., completed his term as Secretary of the Middlesex County Medical Society in June.

Dr. William B. Pratt, 1552 Reading Blvd., Wyomissing, Pa., presented a paper "Factors Associated with Degeneration of Knee Menisci" at the American Academy of Orthopaedic Surgery last winter.

Dr. Gerald Salen, 160 Maple St., Haworth, N.J., is Professor of Medicine and Director of the Division of Gastroenterology at the College of Medicine and Dentistry, New Jersey Medical College at Newark.

Dr. David K. Subin, 550 Washington St., San Diego, Ca., is Rotating Chief of the Hand Surgery Clinic and Instructor in Orthopaedic Surgery and Anatomy at the University of California at San Diego. He also has a private practice of orthopaedics and hand surgery.

1962

Dr. Robert M. Glazer, 110 Maloney Bldg., 3400 Spruce St., Philadelphia, is teaching orthopaedic surgery at the University of Pennsylvania School of Medicine.

Dr. William V. Harrer, 241 Kings Hi., W. Haddonfield, N.J., Director of the Clinical Laboratory at Our Lady of Lourdes Hospital in Camden, has been elected Vice-President of the Medical Staff for 1974.

Dr. Louis E. Levinson, 515 Westbank Expressway, Gretna, La., is in a group practice of obstetrics and gynecology in suburban New Orleans. "Please look me up if any classmate comes in for a convention."

Dr. Jack W. P. Love, Bethel Mill Rd., Sewell, N.J., served as Secretary of the Gloucester County Medical Society until June of this year.

Dr. Anthony J. Macri, 311 Dogwood Dr., Eden, N.C., is Pathologist at the Morehead Memorial Hospital there. He and his wife, Jean, have two children, 5 and 4.

Dr. Joseph W. Sokolowski, 501 Haddon Ave., Haddonfield, N.J., has been promoted to Clinical Associate Professor of Medicine at Jefferson. He is associated with Our Lady of Lourdes Hospital in Camden.

Dr. Stephen G. Vasso, 211 E. Battlewood Ave., Oaklyn, N.J., has been appointed Clinical Assistant Professor of Medicine at Jefferson. His association is with Our Lady of Lourdes Hospital in Camden.

1963

Dr. Charles A. Binder has opened an office for the practice of urology at 2 Hospital Dr. in Toms River, New Jersey. Prior to the recent move he was on the staff of the Tufts University Medical School and Boston University Medical Center in Boston. Dr. Binder is a Diplomate of the American Board of Urology and a member of the American Urological Association.

Dr. Francis A. Breen, Jr., 308 Mt. Alverno Rd., Media, Pa., has been promoted to a Clinical Assistant Professor of Medicine at Jefferson. He is associated with the Mercy Catholic Medical Center.

Dr. Julio E. Vassalluzzo, 1749 Fite Terr., Langhorne, Pa., has been elected the one hundred twenty-fifth President of the Bucks County Medical Society. He has a practice of family medicine at 152 Harmony Road in Levittown. Dr.

Vassalluzzo and his wife, Rosemarie, have three children.

1964

Dr. John M. Parsons, 73 Massoit St., Northampton, Ma., is in a practice of general, thoracic and vascular surgery there. "Skiers passing through, please call."

Dr. Carl M. Pinsky, 1161 York Ave., New York, was a participant in a program on Cutaneous Signs of Internal Malignancy during the meeting of the American College of Physicians in New York last April. Dr. Pinsky is a member of the Department of Medicine, Memorial Hospital for Cancer and Allied Diseases, Cornell University Medical College and Memorial Sloan Kettering Cancer Center.

1965

Dr. Edward Abrams, 2040 Via Visalia, Palos Verdes Estates, Ca., has been Board certified in cardiovascular diseases and is practicing cardiology in the Los Angeles area. He and his wife have two children, 8 and 6.

Dr. Dole P. Baker, 2122 Cedar Circle Dr., Baltimore, Md., is an Assistant Professor at the University of Maryland and is geographic full time Director of Education for ENT at Maryland General Hospital in Baltimore. Activities include education for students and house staff and post graduate courses.

Dr. Martin L. Dresner is a pediatric urologist and Chief of Urology Service at the US Army 97th General Hospital in Frankfurt, Germany.

Dr. David F. Fitchett, 3040 Crocker La., Albany, Or., has opened a private practice of orthopaedic surgery in Albany following completion of his training at the University of Colorado Medical Center last June. He and his wife have two children, 4 and 1.

Dr. Harry N. John, 3626 Portage Ci. S., Stockton, Ca., is Chief of the Department of Obstetrics and Gynecology at the San Joaquin General Hospital. He and his wife, Rene, have two children, 5 and 2.

Dr. Louis A. Karp, 602 Argyle Ci., Wynnewood, Pa., is working full time at the Scheie Eye Institute in Philadelphia and is an Assistant Professor of Ophthalmology at the University of Pennsylvania School of Medicine. He received Board certification in anatomic pathology in 1971 and ophthalmology in 1973.

Dr. Allen S. Laub, 21 Beaumont Dr., New York, is practicing pediatrics there. He and his wife have three children, 7, 5 and 2.

Dr. Philip Lipkin, 345 Harford Rd., Somerdale, N.J., completed his tour at the Philadelphia Naval Hospital in June and began a practice of plastic and reconstructive surgery in Philadelphia and South Jersey.

Dr. Gerard L. MacDonald, 4124 Puento Way, Sacramento, Ca., is practicing orthopaedic surgery with Kaiser Permanente Hospital.

Dr. Thomas H. Malin, 110 Rodney La., Camp Hill, Pa., has been certified by the American Board of Orthopaedic Surgery and is practicing in the Harrisburg area. He and his wife, Elizabeth, have a son, Ason.

Dr. Amilu S. Martin, 1317 N. Academy Blvd., Colorado Springs, Co., continues in practice with her husband, **Dr. Alfred J. Martin**, '64, in general, thoracic and peripheral vascular surgery there. "Our four children are all in school and doing well."

Dr. Robert M. Pilewski, 7 Oakwood Dr., Oil City, Pa., has acquired two partners in his practice of internal medicine. He was named a Fellow of the American College of Physicians in November of '73.

Dr. Thomas C. Roe, Jr., 5281 W. Mercer Way, Mercer Islands, Wa., has been practicing ophthalmology in the Seattle area for a year now. He and his family (two children) are enjoying western living in the Puget Sound area.

Dr. George W. Smith, 4105 Spring Valley Rd., Harrisburg, Pa., is still at the Harrisburg Hospital Mental Center and is Director of Adult and Adolescent Outpatient Services. He has been very active in amateur theatrics in the area and thoroughly enjoys this activity.

Dr. Garry H. Wachtel, 6991 Broward Blvd., Plantation, Fl., has been elected to Fellowship in the American College of Obstetricians and Gynecologists. He is in private practice in Plantation where he and his wife, Linda, now reside with their three children.

Dr. Charles E. Wilkins, 181 Pine Run, Blackwood, N.J., has joined the staff of John F. Kennedy Memorial Hospital in Stratford, New Jersey, as an orthopaedic surgeon.

1966

Dr. G. Donald Clarke, 23 E. 65th St., Savannah, Ga., is a Diplomate of the American Board of Anesthesiology.

Dr. Daniel F. Lovrinic, 17 Brookhill Rd., Conyngham, Pa., has joined another orthopaedic surgeon in practice in the Hazleton area of Pennsylvania. He completed his training at Northwestern University in Chicago.

Dr. Burton Mass, 657 Oak Shade Ave., Elkins Park, Pa., had an article published in the March '74 edition of *American Review of Respiratory Disease* on Experimental Emphysema.

Dr. Richard L. Mayes, 1326 DeKalb St., Norristown, Pa., has joined **Dr. Elwin S. Carlin '55** in a practice of obstetrics and gynecology in Norristown. He finished his residency at Jeff in '72.

Dr. Carl L. Reams, 600 Bloom St., Danville, Pa., has been appointed to the staff of the Geisinger Medical Center. He is certified by the American Board of Otolaryngology.

1967

Dr. George B. Faries, Jr., 2701 N. 2nd St., Harrisburg, Pa., a surgeon at the Harrisburg Hospital, has been certified by the American Board of Surgery.

Dr. John R. Freshman, 1405 Frost Rd., Mechanicsburg, Pa., has opened an office for the practice of internal medicine at 2645 N. Third Street in Harrisburg. He completed a two year fellowship in internal medicine at the Mayo Clinic and the Mayo Graduate School. He is a Diplomate of the American Board of Internal Medicine.

Dr. George H. Hughes, 4680 Fox Hollow Rd., Eugene, Or., has been practicing family medicine in Eugene since September 1973. He passed his Boards in family medicine in October of '73.

Dr. Robert G. Mahan, 1310 Luzerne Ext., Johnstown, Pa., recently was named a Diplomate of the American Board of Family Practice.

Dr. Lloyd W. Moseley, Jr., 4724 Meench Dr., Del City, Ok., is on a pulmonary fellowship at the University of Oklahoma until July '75.

Dr. Morton L. Rubin, 3409 A Littlebrandt, Ft. McClellan, Al., announces the birth of a son, Jason Paul, in February of '74. He is an orthopaedic surgeon with the army.

Dr. James M. Sumerson, 43 Forest Hill Dr., Cherry Hill, N.J. sends word of the birth of a second son, Steven David, born in March of '73. He presently is in private surgical practice in the Haddonfield area.

Dr. Gary L. Wolfgang, 100 Laura Dr., Danville, Pa., has been appointed to the orthopaedic surgery staff at Geisinger Medical Center. He finished his residency at Elizabethtown Hospital for Crippled Children. He and his wife have one child.

Dr. John V. Zeok, 278 Winn Way, Lexington, Ky., announces the birth of a daughter, Suzanne Victoria, on November 3, 1973. She is the first child born to him and his wife, the former **Dr. Suzanne Springer '69**.

1968

Dr. Thomas J. Gal, MOQ D-13, USNAB, Norfolk, Va., has been certified by the American Board of Anesthesiology. He is on active duty with the Navy at the Naval Regional Medical Center in Portsmouth as staff anesthesiologist and co-director of the intensive care unit.

Dr. William K. Grossman, 100 Brandywyne Dr., Dallas, Pa., is the staff psychiatrist with the V.A. Hospital in Wilkes-Barre.

Dr. Stephen L. Hershey, 1108 Rose La., Virginia Beach, Va., is practicing orthopaedic surgery at the Portsmouth Naval Hospital. He will serve there until July of '75.

Dr. John B. Humphrey, Jr., 6171 S. Kearney Dr., Englewood, Co., is an Assistant Professor of Internal Medicine at the University of Colorado Medical Center.

Dr. Joel A. Kaplan moved to Atlanta, Georgia in June. He joined the Department of Anesthesiology at Emory University Hospital and will put special emphasis on cardiac surgery.

Dr. Garth A. Koniver has been appointed an Instructor in Radiology, part-time, at Jefferson.

Dr. Daniel J. Mizak, 30 Huntington St., Huntington, Ct., has opened an office there for the practice of family medicine. He completed a tour of duty as a major in the army in 1973.

Dr. Sarah J. Richards, 317 N. Rock Hill Rd., Webster Groves, Mo., is an Assistant Professor of Pediatrics at the St. Louis University Medical School. Board certified, she is working in a clinic that evaluates retarded children. She and her husband, Tim, have two children, 3 and 1. He builds and manages tennis facilities.

Dr. Howard N. Sabarra, 7533 Palm Rd., West Palm Beach, Fl., left New York following completion of his urology residency. He and his wife, Debbie, are enjoying southern living. They have a daughter, Nancy.

Even as a three-year-old, Robert J. Risimini would tell his parents that he wanted to be a doctor.

But, then, look at the number of three-year-olds who say they want to be doctors, firemen or policemen and end up in totally different careers eighteen years later.

"As a young boy, I was really impressed by Dr. Albert Schweitzer," the thirty-one-year-old Millville, New Jersey bachelor said.

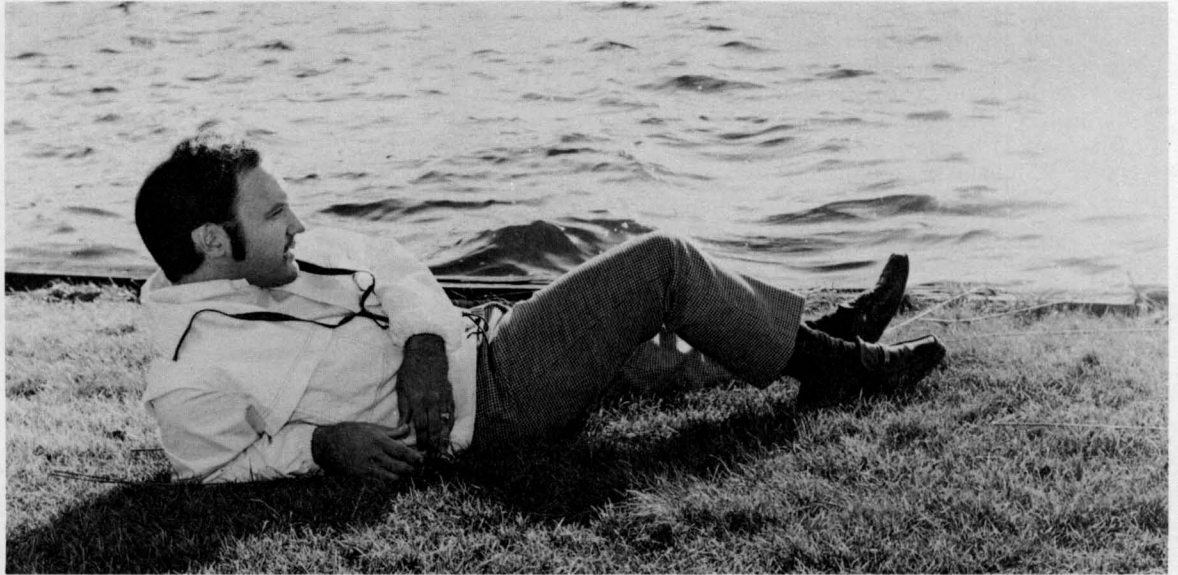
While he has no illusions of being another Dr. Schweitzer, he is doing what Dr. Schweitzer put foremost, serving his fellow men with special needs.

Dr. Risimini, a Board certified pediatrician, is working through AMDoc (American Doctors Overseas), for the Cayman Islands government.

"I'm working on Grand Cayman, which is one of the three Cayman Islands in the British West Indies, located approximately one hundred fifty miles northwest of Jamaica and one hundred miles south of Cuba," Dr. Risimini said.

"When I arrived there in November, I was surprised at how modern it is in many ways," the pediatrician said. He added that it was formerly a sleepy island, but during the past five years many major banks in the world have branches there as the islands are looked on as a tax shelter, since there are no taxes there.

With the economic development of the past five years, there has been a "sort of crisis," related Dr. Risimini, caused by the fact that health care, education and public works are fifty years behind. "The government is frantically trying to catch up, which is why I was invited there as part of the medical program," he explained.



Dr. Risimini '68

Atlantic City Sunday Press, South Jersey Living

According to Dr. Risimini, some 11,000 of the 12,000 persons on the three islands live on Grand Cayman. "The forty-year-old hospital is very run-down and old-fashioned, but is in the process of being rejuvenated," Dr. Risimini said.

Dr. Risimini runs daily pediatric clinics and inpatient services at the hospital. Then on certain afternoons he goes to outpatient clinics, usually set up in people's homes in the outlying villages. "Many of these people have never been to Georgetown, the largest city, where I live and where the hospital is located," he noted.

Extremely fond of the people on the island, Dr. Risimini said they are descended from Scotch-English sailors, many who deserted Cromwell's army in Jamaica in the eighteenth century and who have intermarried with West Indians, Hondurans, and the native Indian tribe. "They are very shy, but friendly, open and warm," he declared.

In his out-patient clinics in the village, Dr. Risimini's "desk" may range from a 1910 Necchi sewing machine to an old oil drum. Accompanying him is a Caymanian public health nurse. "She's very good and knows everyone on the island," he said.

Treatment at the clinics is free for the children. However, some parents feel like they are under the barter system and take native goodies such as Cassaba cakes and coconut pies to the doctor.

Although he is only committed to stay a minimum of six months, Dr. Risimini he expects to stay longer.

"I have two major projects which I hope to complete," he said. One involves setting up a school health program. "I am now starting to examine and do blood tests on all 5,000 school children," he noted. "Blood testing is done because

anemia is a major health problem." Dr. Risimini also wants to start health education programs in the schools.

The second project is a survey for the government of all children on the island who have special health care needs.

"Because there is so much in-breeding, there are health problems, including mental retardation," he said. The survey of both pre-school and school-age children is being done to determine those with special problems with the hope that the government will be able to provide special education for them.

Dr. Risimini said that food is very expensive on Grand Cayman, for it has to be shipped in. The most popular local foods are fish, curried goat and turtle.

Tourism is increasing and Grand Cayman is considered a mecca for scuba divers and snorkelers, Dr. Risimini related. He said there are many beach clubs and people come from all over the world for water-related recreation. There are no golf courses and few tennis courts, no television, and radio station on the islands.

"We can get Cuba, Jamaica and sometimes Miami on the radio," he said. "Most of my recreation time is spent in the lost art of conversation," Dr. Risimini noted. He also enjoys fishing and usually takes some of the young boys fishing every Saturday.

"You just put your line in the water and come up with all kinds of tropical fish. It's amazing," he added.

One thing Dr. Risimini has had a hard time adjusting to is learning to drive his Austin mini on the left side of the road. "Every time I turned a corner, I would automatically go to the right and the natives would yell for me to get over to

the left," he said. Most of the natives walk. Bicycles aren't ridden because the roads are full of pot holes, according to the doctor.

Another more serious frustration is recognizing a serious ailment and not having the facilities to take care of it. "I treated a six-week-old baby with congenital heart disease and it took days to find a place where he could receive the treatment he needed," he said.

As a 1968 graduate of Jefferson Medical College who did his pediatric internship and residence at Lenox Hill Hospital in New York, Dr. Risimini was aware of the good things available in these cities.

For three days, he was with the baby constantly until he found a physician in Jamaica who put the child in a hospital there. Most of the serious cases from the Cayman Islands are sent to Jamaica to the University Hospital, but that was closed at the time.

Under the terms of Dr. Risimini's contract, he is paid room and board by the government, but transportation and other expenses are his responsibility. As a person interested in helping others, and as one who likes travel, adventure and a different life style, he has found his experience extremely enjoyable.

AmDoc is a non-profit, non-governmental and non-sectarian agency formed in 1963 by physicians to contribute their professional services in areas of need throughout the world. For AmDoc volunteers not only is there an opportunity to serve mankind, but it is a broadening, enriching and entirely unforgettable adventure.

Dr. Risimini hopes that he can contribute in a meaningful way to the health of the children on the Cayman Islands.

Dr. Russell J. Stumacher completed a twenty-seven month combined Clinical Research Fellowship in infectious diseases at the Boston University Medical Center in July. This year will be spent at the Channing Laboratory where he has begun an additional research Fellowship under Dr. Edward H. Kass.

1969

Dr. John B. Anderson, 811 Lehigh St., Reading, Pa., is practicing obstetrics and gynecology at 1340 Penn Avenue in Wyomissing. He is a member of the Berks County Medical Society.

Dr. Stanley N. Brand, 416 Lancaster Rd., Fayetteville, N.C., has been Board certified in internal medicine. Following his tour of duty at Ft. Bragg he will begin a Fellowship in gastroenterology at Montefiore Hospital in New York.

Dr. Philip H. Geeter, 22 Hickory La., Chalfont, Pa., has been appointed a Clinical Instructor in Ophthalmology at Jefferson.

Dr. Thomas P. McMahon, 121 Warwick Rd., Haddonfield, N.J., has been appointed a Clinical Instructor in Medicine at Jefferson. He is associated with Cooper Hospital in Camden.

Dr. James V. Mackell Jr., 1253 Burnett Rd., Huntingdon Valley, Pa., an orthopaedic resident at Jefferson, is serving on the staff of the State Hospital for Crippled Children.

Dr. Suzanne Springer Zeok, 278 Winn Way, Lexington, Ky., announces the birth of a daughter, Suzanne Victoria, on November 3, 1973. She is the first child born to her and her husband, **Dr. John V. Zeok**, '67.

1970

Dr. James B. Carty, 1000 Walnut St., Philadelphia, completed his residency at Wills Eye Hospital in July where he was Chief Resident. His wife, Susan, completed her third year at Jefferson in June.

Dr. Richard M. Feldman, 2626 Lakeview Ave., Chicago, is a resident in emergency medicine at Billings Hospital of the University of Chicago. He completed two years with the Army in Maryland. Dr. Feldman and his wife, Roberta, have two sons.

Dr. Christia B. Goeggel, Hopkinson House, Philadelphia, is serving a Fellowship in hematology at Hahnemann.

Dr. Ronald A. Leff, 225 E. 70th St., New York, served as Chief Resident in anesthesiology at the New York Hospital, Cornell Medical Center, and entered the Air Force this summer.

Dr. Lawrence S. Miller, 1145 Green Tree La., Penn Valley, Pa., and his wife, Anita, announce the birth of a daughter, Torrey Jeanine, on March 4 at Jefferson.

Dr. James M. Neubeck entered the Air Force on the Berry Plan in July and is stationed at Minot, N.D. Following his two-year assignment he will return to a practice of obstetrics and gynecology in Flint. The Neubecks have two daughters.

Dr. David R. Pashman, 7720 A Stenton Ave., Philadelphia, has completed his third year as an orthopaedic resident at Jefferson. He and his wife also announce the birth of their second child, a son, born in January.

Dr. John Reichel, III, 333 Leland Ave., Palo Alto, Ca., is completing a six-month program at Roswell Park in head and neck surgery. Prior to this he spent three months in Guatemala working in Antigua. He and his wife, Linda, have a son, John David.

Dr. Charles R. Schleifer, 7901 Henry Ave., Philadelphia, and his wife, announce the birth of son, Marc Furman, on January 13.

Dr. John M. Shovlin, 20 Hendrick La., Carbondale, Pa., completed his residency in psychiatry at the Eastern Pennsylvania Psychiatric Institute in July.

Dr. Richard G. Sowden, 10 Woodhurst Dr., W. Berlin, N.J., is a urology resident at the Philadelphia Naval Hospital.

Dr. Martin A. Tobey, 6530 Lupton Dr., Dallas, Tx., has completed a residency in internal medicine at Parkland Hospital and has begun a tour of duty with the Army. He married Judith Ross on March 10.

1971

Dr. Alvan V. Atkinson, 3235 Patterson Ave., Richmond, Va., is completing the second year of a general surgical residency. Next year he will be involved with surgical research with an emphasis on cardiac transplantation.

Dr. Gregory P. Borkowski, 440 Richmond Park, Richmond Heights, Oh., has completed an internal medicine residency at the Cleveland Clinic Foundation where he was Chief Resident. Following his marriage on June 15 to Eva R. Herics he began a two-year tour with the Air Force.

Dr. Thomas R. Borthwick, 321 Bedford Ci., North Syracuse, N.Y., is a flight surgeon with the Air Force at Hancock Field.

Dr. Robert E. Chandlee, 903 S. Ashland Blvd., Chicago, has completed the first of a three-year residency program in diagnostic radiology at Rush Presbyterian St. Luke's Medical Center.

Dr. David M. Danoff, 117 E. 26th St., New York, writes that his wife, Babs, **Dr. Barbara F. Danoff**, '72, has completed her first year of residency in radiation therapy at New York University Medical Center.

Dr. Paul M. Fernhoff, 1720 Lombard St., Philadelphia, has just begun a two-year program at the Center for Disease Control in Atlanta, Georgia. Dr. Fernhoff finished a residency at the Children's Hospital of Philadelphia.

Dr. Ronald D. Grossman, Hunterdon Medical Center, Flemington, N.J., is setting up a practice in family medicine in that area. The Grossmans have two children.

Dr. David H. Hennessey, 615 McAlpin Ave., Cincinnati, Oh., has completed his third year as a resident in pediatrics at the University of Cincinnati. He first was Chief of Pediatrics at Good Samaritan Hospital and then took electives at Cincinnati Children's Hospital. Presently he is on a two-year tour with the Air Force.

Dr. David W. Jones, P.O. Box 4523, Boulder, Co., is working in the Emergency Room and for the Student Health Service at the University there. He was married in July to Jeanne Connagham. Dr. Jones writes of enjoying the great Colorado skiing.

Dr. John F. Motley, 6026 N. Warnock St., Philadelphia, started two years active duty with the Navy in July. A baby girl was born last November.

Dr. Susan Monk Pacheco, 2025 Walnut St., Philadelphia, writes of the new addition to the family, Maria Cristina, February 4. She finished her pediatrics residency in June at Jefferson.

Dr. Richard P. Schwimmer is serving as a pediatrician at Loring Air Force Base in Limestone, Maine. He completed his residency at Montefiore Hospital in New York in June. The Schwimmers have a two-year-old son.

Dr. Stephen C. Silver, 9104 B. Wyoming St., Wurtsmith Air Force Base, Mi., is serving as a general surgeon there. A son, Morris Aaron, is named for the late Dr. Silver, Jefferson's class of 1932.

Dr. Floyd F. Spechler, 137 Cooper Ave., Cherry Hill, N.J. is working in the Department of Psychiatry at Walston Army Hospital at Fort Dix.

1972

Philip J. DiGiacomo, Jr., 649 S. Henderson Rd., Apt. C-614, King of Prussia, Pa., will start as a third year post-doctoral resident in internal medicine at Lankenau Hospital.

Dr. Paul A. Fitzgerald, Presbyterian Medical Center, 1719 E. 19th Ave., Denver, Co., was married to R.N. Kathy Morgan on December 28 in Cape Cod. The couple honeymooned in the West Indies. Dr. Fitzgerald is continuing his residency and just got his pilot's license.

Dr. Martin J. Fliegelman, 19309 Club House Ct., #202, Gaithersburg, Md., is a staff associate at the National Cancer Institute in Bethesda, working in tumor immunology and biochemistry.

Dr. Alan S. Friedman, 1925 Eastchester Rd., Bronx, N.Y., announces the birth of his first child, Eric Saul. Proud grandfather is **Dr. Sidney Rosenblatt** '18.

Dr. Robert E. Goeltsch received his designation as an aviation medical examiner in March, after completing his course of aerospace medicine at the Naval Aerospace Medical Institute in Pensacola, Florida. A lieutenant in the Navy Medical Corps, he has been assigned to Fleet Attack Support Squadron 24 in Naples, Italy.

Drs. Cheryl and Stephen Naulty, 7858 Briardale Terr., Rockville, Md., write that Cheryl is in her second year of a pediatric residency at D.C. Children's Hospital. She will be a neonatology Fellow next year. "Steve is a first year anesthesiology resident and a lieutenant in the Navy at Bethesda Naval Hospital."

Dr. Richard H. Niemeyer, 1617 Vista Rd., Lancaster, Pa., began private practice in Lancaster, Pennsylvania in July, 1974. He has one daughter, Jennifer, born April 11, 1973.

Dr. James R. Roberts, 937 Hall St., Philadelphia, will begin an emergency medicine residency in July, 1974 at the Medical College of Pennsylvania. He plans a three month trip to Iran and India prior to beginning his residency.

Dr. John P. Rodzvilla, 3714 Rosemont Ave., Drexel Hill, Pa., completed a two-year pediatric residency at Mercy Catholic Medical Center. In July, 1974 he began a third year pediatric residency at Children's Hospital in Philadelphia.

Dr. James W. Redka, USAF Hospital, Athens, Box 4063, APO New York, writes that he and his wife are enjoying travel opportunities while stationed by the Air Force in Athens, Greece.

Dr. John R. Tyler, 14 Upper Overlook Rd., Summit, N.J. is a third year family practice resident.

1973

Dr. Ivan H. Jacobs, 331 E. 29th St., New York, has begun an ophthalmology residency at New York University Medical Center.

Dr. Frederick L. Kramer, 275 Bryn Mawr Ave., L-22, Bryn Mawr, Pa., has completed his internship at Bryn Mawr Hospital and is now a radiology resident at Jefferson.

Dr. Christopher L. Leach, formerly at Kessler Air Force Base in Biloxi, Mississippi, began his first year of a general surgery residency at the University of Mississippi Medical Center in July.

Dr. Joseph P. Mullen III, St. Bernard Hall, Apt. 3E, Darby, Pa., has completed his first year of residency in general surgery at Misericordia Hospital in Philadelphia.

Dr. David M. Rogovitz, will be married to Miss Susan Black in December, 1974. He is a resident in radiology at Hahnemann Hospital.

Dr. C. Denny Strout writes that he and his wife moved to Hershey in June where he has begun his residency in anesthesiology.

Dr. Frank M. Taylor, 2104 E. 115th Ave., Tampa, Fl., announces the birth of a daughter, Carolyn Joyce, on June 24, 1973.

Dr. Emilian J. Wasserman, 2250 Guy St., #1202, Montreal, Canada, enjoyed cross country skiing this past winter in Canada. He has been accepted into the neurology training program of the Montreal Neurological Institute, McGill University.

The Editors of the 1975 Clinic are looking for old pix of the Medical College. Any available photos will be carefully handled and returned when the yearbook is completed. Please forward to the Alumni Office, 1020 Locust Street, Philadelphia. Also mark the photo with your name on the back.

Obituary

Pablo M. Bonelli, 1906

Died January 29, 1974. Dr. Bonelli was a general surgeon who practiced in Puerto Rico.

John B. Laughrey, 1908

Died February 3, 1974. Dr. Laughrey was a general practitioner in the Sutersville area of western Pennsylvania. He received an honorary degree from Theil College in 1969.

Dr. Charles J. Shillot, 1915

Died December 5, 1973. Dr. Shillot was in the field of preventive medicine and practiced in the Harrisburg area of Pennsylvania.

William B. Crawford, 1916

Died December 14, 1973. He was a general practitioner in Brownsville, Pennsylvania.

William P. Mull, 1916

Died December 8, 1973 after a long illness. Dr. Mull, an internist, was a Diplomate of the American Board of Internal Medicine. He resided in Palos Verdes Estates in California.

Campbell C. Bennison, 1917

Died December 2, 1973. Dr. Bennison had a general practice in the area of Saltsburg, Pennsylvania.

William V. Coyle, 1917

Died April 4, 1974. He specialized in ophthalmology and otolaryngology until his retirement in 1969. Dr. Coyle is survived by two sons, **Dr. William A. Coyle '56** and **Dr. John J. Coyle '60**.

August Saska, 1917

Died May 3, 1974. Dr. Saska was in general practice in Pittsburgh from 1920 to 1939. Two years before Pearl Harbor he was placed in charge of the Marine Corps Recruiting Station in Pittsburgh, and served during World War II at Naval Hospitals in Boston, Philadelphia and Bethesda. Still a reserve officer in 1948, at the rank of Commander, he was appointed senior medical officer at the Regional Office of the Veterans' Administration in St. Petersburg, Florida, where he remained until his retirement in 1958. Dr. Saska is survived by his daughter, Lola Saska Tilden.

Charles H. Bitner, 1924

Died November 7, 1973. Dr. Bitner was a retired captain in the U.S. Navy. During his navel career he founded a hospital for lepers in Puerto Rico and set up the Lottie Hospital in the Philippines. He is survived by his wife, Edith.

Arthur A. Paluso, 1924

Died January, 1974. Dr. Paluso had a general practice in the area of Charleroi, Pennsylvania. He is survived by three physician sons, one of whom is **Dr. Arthur K. Paluso '59**.

Dr. Alfred E. Brunswick, 1925

Died January 14, 1974. Dr. Brunswick, a surgeon, was an Associate Professor of Surgery at Jefferson and also was a Fellow of the American College of Surgeons. Surviving are his wife, Rona, and two sons, Edward and **Dr. Richard A. Brunswick '65**.

Starling C. Yinger, 1929

Died December 29, 1973. Dr. Yinger was an otolaryngologist in Springfield, Ohio. He is survived by his wife, Janet.

Marshall Lieber, 1930

Died February 15, 1974. Dr. Lieber was Director of Laboratories and Chief Pathologist at Kessler Memorial Hospital in Hammonton, New Jersey and held the same post for many years at Braddock Hospital near Pittsburgh.

He was an Associate Professor of Pathology at Jefferson. Surviving are his wife, Henrietta, and four sons.

Leslie E. Morgan, 1931

Died March 10, 1974. Dr. Morgan was a general practitioner in Scranton for over forty years. He is survived by his wife, Mildred, and a son.

Donald D. Stone, 1931

Died March 2, 1974. An ophthalmologist from Carlisle, Pennsylvania, Dr. Stone was a Diplomate of the American Board of Ophthalmology. Surviving are his wife, Olive, two daughters and a son.

Daniel C. Baker, Jr., 1933

Died June 2, 1974 (see page 15).

Henry Walter, Jr., 1933

Died February, 1974. Dr. Walter was an internist and resided in Lititz, Pennsylvania.

Bryce E. Nicodemus, 1935

Died February 7, 1974. Dr. Nicodemus was a general practitioner and resided in Lewistown, Pennsylvania.

John Watchko, 1937

Died April 4, 1974. Dr. Watchko, a pediatrician from Indiana, Pennsylvania, was a Fellow of the American Academy of Pediatrics. Surviving are his wife, Eileen, and three children.

Dr. John M. Stack, 1939

Died April 26, 1974. Dr. Stack was an obstetrician gynecologist who resided in Wyncote, Pennsylvania. He was on the staffs of Holy Redeemer, St. Joseph's, Meadowbrook and St. Mary's Hospital. He is survived by his wife, Sara, and four sons one of whom is **Dr. John M. Stack, Jr., '68**.

John F. Weeks, Jr., 1942

Died November 20, 1973. He was a general practitioner and resided in Elizabeth City, North Carolina. His widow survives him.

Henry H. Alderfer, 1943

Died December 7, 1973. An internist from Marion, Indiana, Dr. Alderfer was certified by the American Board of Internal Medicine. He had served on the faculty of the University of Wisconsin Medical School.

Byrd F. Merrill, 1944S

Died January 10, 1974. An internist, Dr. Merrill was associated with Western Electric in New York City.

Byron T. Eberly, 1947

Died November 30, 1973. Dr. Eberly was certified by the American Board of Otolaryngology. He was affiliated with Portsmouth General Hospital in Portsmouth, Virginia.

Melvin L. Schwartz, 1948

Died March 19, 1974. Dr. Schwartz was a psychiatrist from McKeesport, Pennsylvania.

Albert C. Haas, 1950

Died November 2, 1973. Dr. Haas was an internist practicing in Mobile, Alabama. He was a past President of the staff of the Mobile Infirmary.

Hubert S. Sear, 1950

Died September 30, 1973. Dr. Sear, a radiologist, served on the faculty of the Harvard Medical School and the staff of Massachusetts General Hospital. He was certified by the American Board of Radiology. His parents, Mr. and Mrs. Joseph Sear, are establishing a student prize in radiology to be presented each year.

Thomas A. Randall, 1954

Died December 28, 1973. A pathologist, Dr. Randall was a resident of Lafayette, Indiana. His wife, Constance, survives him.

John T. Dooley, 1957

Died July 18, 1973. Dr. Dooley had served as a general practitioner for nine years in Salem, New Jersey and more recently in Centerville, Pennsylvania. He served as school doctor for Upper St. Clair near Pittsburgh. Surviving are his wife, Ruth, and a son.

continued from front inside cover

undertaking, and the Chairman of this Department is sponsored by the Alumni Association and is titled "Alumni Professor of Family Medicine."

Some have questioned the need for a separate department for this discipline and have asked why family medicine was not made a division of an existing department, perhaps the Department of Medicine. The establishment of a new discipline in a medical school is a difficult undertaking, and in order for it to be successful, it must have influence at the highest level, the level where budgets are made, space assigned, beds are allocated and the curriculum is designed. These are important factors which make for the success or the failure of a new program in a large academic medical center. The faculty organization at Jefferson is such that influence of this type can be exerted only at a department level.

During the past ten years there has been great progress at Jefferson in the strengthening of many specialty disciplines. We are pleased with the progress which has been made in orthopaedic surgery, urology, ophthalmology and cardiac surgery, and we presently are taking steps to give further strength to otolaryngology, neurosurgery, thoracic surgery, transplantation surgery and the other surgical areas. The medical specialties as well have been greatly strengthened and are outstanding in hematology, cardiology, gastroenterology and nephrology. Furthermore, there are provisions underway to strengthen endocrinology, pulmonary diseases, oncology and infectious diseases. I wish to assure you, therefore, that the development of the new general discipline of family medicine will not retard or reduce the progress that has been made in the various specialties. On the contrary, I believe that these specialties will be supported by a stronger foundation in general medicine.

I am completing my seventh year as Dean of Jefferson Medical College, and I regard the deep interest of the alumni in their school as one of our greatest strengths. The things which we are doing here have been explained to the alumni at various regional meetings throughout the entire country, and have been explained each year in the Annual Report of the Medical College. Much of what is being done is a response to the advice and recommendations of our own alumni. You have never failed to support the efforts of your Medical School, and in this regard I want to urge you to give your full support to the Sesquicentennial Fund Drive. The 150th year of the Medical School is a landmark occasion and a very appropriate time to develop a fund to strengthen Jefferson academically. The goal of the drive is ambitious, but its purpose is to maintain our outstanding reputation in American medical education. Your investment in Jefferson is an investment in yourself, because you indeed are Jefferson!

SESSQUICENTENNIAL ALUMNI GOAL \$4,000,000

Total amount Pledged as of July 15, 1974

\$2,329,344

from 681 Alumni for 58.2% of goal

Total amount raised from all sections

\$9,796,165

from 3,179 donors



ALUMNI CALENDAR

September 4

Opening Exercises
McClellan Hall

September 13 and 14

Fiberoptic Colonoscopy
Marriott Motor Hotel, Philadelphia

October 2 and 4

Review Course in Family Medicine
Jefferson Medical College

October 9

Reception, The Fairmont Hotel, Dallas
during the meetings of the American
Academy of Ophthalmology and
Otolaryngology

October 16

Class Agents' Dinner
Jefferson Alumni Hall

October 22

Reception, The Doral, Miami Beach
during the meetings of the American
College of Surgeons

October 25

The President's Club Dinner
Jefferson Alumni Hall

October 30 to November 1

Innovations in the Diagnosis and
Management of Acute Myocardial
Infarction in conjunction with the American
College of Physicians, Jefferson Medical
College

November 6 to 9

The second Annual Symposium on
Reproductive Endocrinology for the
Practicing Physician, Jefferson Medical
College

November 15

Royal Ballet of Sweden at the Academy of
Music followed by a reception, Jefferson
Alumni Hall given by the Alumni
Association in honor of Jefferson's
Sesquicentennial

November 16

Reception, The Philadelphia Museum of
Art, continuation of Sesquicentennial
Celebration

November 20 to 22

Sesquicentennial Symposium
Jefferson Medical College

April 8 to 30

Thirteenth Postgraduate Seminar
The Orient